MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission a. COUNTY a. STATE b. COUNTY MARYLAND Maryland Anne Amindel Baltimore City b. CITY OR TOWN (If outside corporale limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Baltimore d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM2 Crownsville State Hospital YES NO 795 George Street 3. NAME OF DECEASED 4. DATE Middle 1959 Elijah (Type or print) Anderson DEATH 6 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 8. DATE OF BIRTH Months Days Hours Male Negro WIDOWED | DIVORCED [, 1883 10a, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDÚSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Unknown aborer Construction U.S.A. 13. FATHER STRAME WIT 14. MOTHER'S MAIDEN NAME Unknown Unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address Unknown Hospital Records 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN Dehydration and Inanition ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) 026X **DUE TO** Chronic Brain Syndrome Conditions, if any, which gove rise to immediate DUE TO couse (o), stoling the under-Central Nervous System Syphilis lying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? Decubital Ulcers, Senile Emphysema YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20d, INJURY OCCURRED 20f. (City or town) (County) (State) foctory, street, affice bldg., etc.) Hour o. m. While Nat while at work at work 21. I certify that I attended the deceased from.____ _7/27_, 19.53_, to_____5/6_, 19.59_, that I last saw the deceased __, and that death occurred at 2t30P.M, from the causes and on the date stated above. ADDRESS (Street, city or town, slate) DATE SIGNED ACTUAL SIGNATURE Crownsville, Maryland Benedict, M.D. PHYSICIAN'S NAME (Type) Crownsville State Hospital. Md. 220. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stale) May 11,1959 Balto. Com. Mt. Auburn 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE



S should TO FUNERAL Poge VS A15 (4) 15M 10/57

MARKED ET ATE LUART THE HEALTH AND THE PART OF HEALTH AND PROPERTY. . . . BITCHESS FIRE HAS BUT TO SEE THE NEWSTAND WENT CESSYSTY A CONTRACT OF THE STATE OF THE a series of the LEV man and the Cold Cold Cold Cold Cold Cold the Colonia of Marie States and the EN CONTEST OF THE PROPERTY OF THE PARTY OF T

VS A15 (4) 15M 10/57

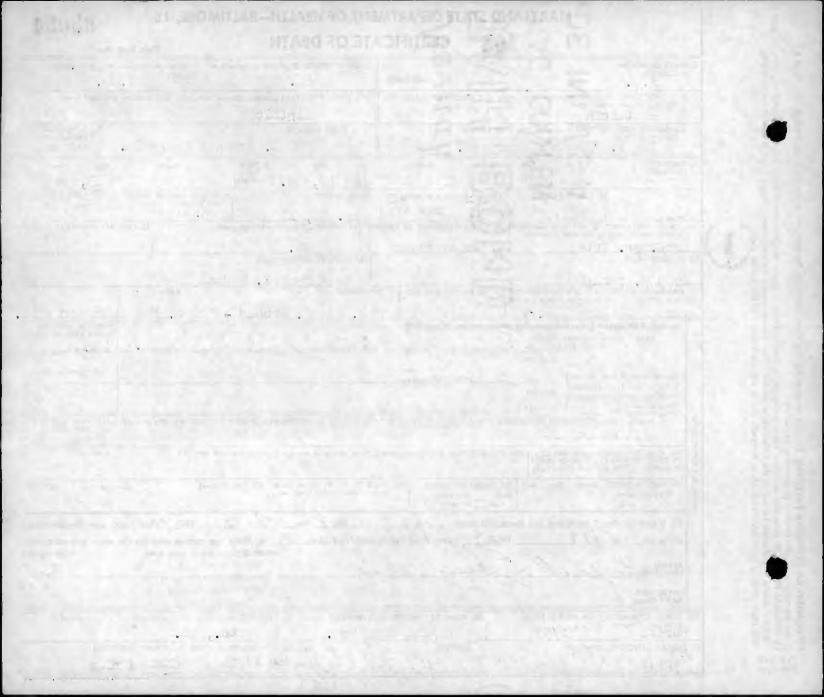
	1 -
	1
•	70
	-

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5105 CERTIFICATE OF DEATH

05064

						Kañ. Dizir I	140.	
o. COUNTY		MARYLAND	2. USUAL RESIDENCE (W	there deceased li	ved. If institution b. COUNTY			ion)
RURAL and give ne	b. CITY OR TOWN (If outside corporate limits, write RURAL and give necrest town) Linthicum		c. CITY OR TOWN (If outside corporale limits, write RURAL and giv				nearest town	1
OR INSTITUTION	AL (If not in hospitol, give stree Hammonds Ferr		p. STREET ADDRESS 504	S. Hamo	nds Fer	ry Rd.		DENCE FARM? NO
3. NAME OF DECEASED (Type or print)	JOHN	MILLARD	ARNOLD, SR.	4. DATE OF DEATH	Mon M	ay	7.0	19 59
s. sex male		RRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH Aug. 20. 18	-,	AGE (In years last birthday)	Months Do		R 24 HRS. Mín.
during most of work	ing life, even if retired)	hitaker Paper	Md 14. MOTHER'S MAIDEN		itry)	12. CITIZEI	N OF WHAT	COUNTRY?
John G.Arn				E. Nau				-
(Yes, no. or unknown) {	IN U. S. ARMED FORCES? If yes, give war or dates of services	S. SOCIAL SECURITY NO. 117.	INFORMANT		Add			
	World War II TH (Enter only one couse per		Mrs. May D. A	rnold -	504 S.	Hammon	ds Fer	ry Rd
3 mo	ER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT				EN IN PART 160	PERFO YES	AUTOPSY RMED? NO
	S UNDERLYING 206. DI CAUSE OF DEATH MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Port I or Part II	of item 18.)			
Y 20c. TIME OF INJURY Hour o. m. p. m.	Whit		ACE OF INJURY (Home, for clory, street, office bldg., etc.)	m, 20f. (City or	town)	(Cour	ily)	(Stote)
alive on 5	of Lattended the deced		occurred at to Pe	ADDRESS (Street BRYANT L 104-6pain-)	he causes a t, city or town, JONES, M.D. Highway, Stut	and an the state)	date state	deceased d abave. TE SIGNED
NAME (Type)	PHYSICIAN'S NAME (Type)				ile, Maryland SO 6:3230			//
PREMOVAL (Specify)	5/22/59	22c. NAME OF CEMETERY Of Loudon Pa			N (City, town, o	or county)	(Stole)
23. ENNERAL DIRECTOR'S	SIGNATURE LICENSES	Y Lour - A		D BY REGISTRA AY 2 1 '59		STRAR'S SIGNA		
Man. F	· Munici	1 xour a	THE DATE M	A1 4 7 59	<u> a</u>	Thur. J. H	readk	



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

e. IS RESIDENCE ON A FARM?

Day

YES NO

Year

19

Hours

INTERVAL BETWEEN

WAS AUTOPSY PERFORMED? YES NO

(Stole)

(Stote)

(County)

THE RESERVE OF THE PARTY OF THE (0.02 - 1.00 - 1. All the second of the second o DE VINCENTALIS DE PRIME ANTILLE THE ENGLISH OF THE PERSON OF T and the second s WE SHOULD BE A SHEET THE SHEET OF THE SHEET Control of the contro .br. palen nother to tribert to Committee on the Committee of the Commit and the state of t

VS A15 (4) 15M 10/57

1	*

X

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5106

CERTIFICATE OF DEATH

8	05068
Reg. Dist. No.	

										4-0	
1. PLACE OF DEATH	rundel		MARY	LAND	o. STATE	ence (who	ere deceased	l lived. If instituti b. COUNTY		7	_
	If outside corporate limi	ils, write	c. LENGTH OF STAY	IN 1b			utside corpo	Ann rote limits, write R		unde give neare	
Glen Bur			7 7/2 V	rs.	XGlen	Burn	ie.	Countr	v Cl	ub E	states
	TAL (If not in hospital, g				d. STREET AL					0.	IS RESIDENCE ON A FARM?
101 Nor	th Bend 1	err	ace		101	Nort	h Ber	nd Terr	ace		YES NO
3. NAME OF DECEASED (Type or print)	Fid fp: "	TT.DA	Middle		BENGT SO	N	4. DATE OF DEATH	Mon Ma	-	Day	Yeor 19 5
S. SEX	6. COLOR OR RACE		RIED NEVER MARRIE		B. DATE OF BIRTH	TA		9. AGE (In years		TYEAR IF	F UNDER 24 HR
Female		WIDOW			Sept. 2	3/18	75	last birthday)	Months		Hours Min.
100. USUAL OCCUPATION	ON (Give kind of work	done 10b.	KIND OF BUSINESS O			CE (State o	or foreign co	ountry)	12. CI	TIZEN OF	WHAT COUNT
during most of wor	king life, even if retired)			£29				TT	0 1	
13. FATHER'S NAME	rk(ret.)		Own Home		14. MOTHER'S	den	AME			.S.A	
	~							, .	,		
Daniel				1		gieo	rg	(unknow			
15. WAS DECEASED EVE (Yes. no. or unknown)	R IN U. S. ARMED FOR (If yes, give wor or dates of s		SOCIAL SECURITY NO	. 17. 18	IFORMANT			Add	ress		
no	11111111	/	none		Mrs. Li	Ilia	n El	iasen	- 12	Same	As #a
18. CAUSE OF DE	ATH [Enter only one co	ouse per li	ne for (a), (b), and (c).								VAL BETWEEN
PART I. DE/	TH WAS CAUSED BY:		Cardio-	Vac	0113 am D	1000	00			ONSET	T AND DEATH
593x	IMMEDIATE CAUSE (c		Qaitio-	Vas	vuiai D	Toea	56				
Conditions, if a	Conditions, if ony, which) Nephritis										
gove rise to i	mmediate (,									
lying couse lost.	The Under-)									
	The second secon		CONTRIBUTING TO DE	ATH BUT	NOT RELATED TO	THE TERMIN	NAL DISEASI	CONDITION GIV	EN IN PAI	RT 1(o) 19.	WAS AUTOPS
CATIO											PERFORMED?
OR CONTRIBUTING	AS UNDERLYING TO CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY O	CCURRED). (Enter nature of	injury in P	ori I or Port	II of item 18.)			
ZOc. TIME OF INJUS	RY Month, Day, Ye	ar 20d, I While		20e. PLA foc	ICE OF INJURY IN lory, street, office	ome, form, bldg., etc.	20f. (City	or lown)	((County)	(Slote
	1	de se se	-14 Fob	7	10 50	7/1 _ a	[v c	10 5	0		
	nor I arrended the	deced:	sed from <u>Feb</u>					, 19_5			
alive an	1110 629	, 19	59_{-} , and that	death	accurred at_					he date	
	1	0	0 7 0					reet, city or town,	stole)	ja.	DATE SIGN
ACTUAL SIGNATURE	ames J.	Del	lingstea		M.D. 108	Com	tons C	lor Il	en P	2mn	u, ma
J.,			/								
PHYSICIAN'S NAME (Type)	James S	3	Billingsl	ea		Glen	Bur	nie.	Md.	5/	1/59
220- BURIAL, CREMATIC			22c. NAME OF CEM					ION (City, town,	or county)		(Stote)
REMOVAL (Specify)	May 4/1	59	Pinehur	st. (Cemeter	77	Clar	nuet. M	inno	sota	
23. FUNERAL DIRECTOR	212 - 212		ADDRESS			24a. REC'E	BY REGIST			GNATURE	
1. V. Sin	telor		Glen Bur		MA !	DATEMA	4 15			Thousa	
-			TIEN BUT	1170	. 1/10 -	DAIL					

HTABO SO BY ADRINGED . BILL Cinthe same of the last of the same of the sa the second of th t t

VS A15 (4) 15M 9/5B

1	
17	
V	

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 5107

05069

CERTIFICATE OF DEATH

Reg. Dist. No.

a. COUNTY	MARYLAND	a. STATE Md.	b. COUNTY	A.A.	
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) Linthicum	NGTH OF STAY IN 16	Linthicum	utside corporate limits, write f	RURAL and give near	est town)
d. NAME OF HOSPITAL (If not in haspital, give street address OF INSTITUTION. 213 No Hammonds Forry Re		d. STREET ADDRESS 213 N. Hami	mends Ferry	Ad.	IS RESIDENCE ON A FARM? YES NOTE
3. NAME OF DECEASED (Type or print) Ada A BOWO	Middle	Last	4. DATE Mod OF DEATH Ma.		Year 19
Female 6. COLOR OR RACE WIDOWED WIDOWED	DIVORCED _	April 23,	9. AGE (In years last birthday) 89 yrs.	Manths Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) H. W.	OF BUSINESS OR INDUS	Maryland	or foreign country)	12. CITIZEN OF V	VHAT COUNTRY
Heward Frizzell		14. MOTHER'S MAIDEN N	Arbaugh	70	7.3
5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIA (Yes, no, or unknown) (If yes, give wor or dates of service)	L SECURITY NO. II	NFORMANT B. Helen M.	Whitehead,	213 N. Ha	mends
PART I. DEATH WAS CAUSED BY:	SYATIA	(0, R)	Curone	01435	AND DEATH
Canditions, if any, which gave rise to immediate cause (a), stating the under-lying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTR	WAS TO DEATH BUT	ages -		VEN IN PART I(a) 19.	-3 Mn WAS AUTOPSY
DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTR 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	IBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIT		PERFORMED?
DUE TO Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTR 20a. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY While the contraction of the contraction	BUTING TO DEATH BUT HOW INJURY OCCURRED OCCURRED 20e. PL		ort I ar Port II af item 1B.)		PERFORMED? VES NO D
DUE TO Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTR 20a. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year Moure of work of work concentrations. 21. I certify that I attended the deceased fr	HOW INJURY OCCURRED OCCURRED Not white	D. (Enter nature of injury in F ACE OF INJURY (Hame, form tarry, street, affice bldg., etc., 1940, to6 accurred at	ort I ar Port II af item 18.) 20f. (City ar tawn)	(Caunty) ,that I last saw nd on the date	res No (State
DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. Time OF INJURY Manth, Day, Year 20d. INJURY Hour a.m. p. m. 19 While at wark Cause of the cause	HOW INJURY OCCURRED OCCURRED 20e. PL lat while of wark	D. (Enter nature of injury in F ACE OF INJURY (Hame, form tarry, street, affice bldg., etc., 1940, to6 accurred at	art I ar Part II af item 18.) 20f. (City ar tawn) M, fram the causes ar	(Caunty) ,that I last saw nd on the date	(State

137 13 / CB

. o E . A . 2

154 1 x 1 1

Ifo. It banks

. A tare siveres it &5

BEORGE . A RDA

etidi olaret

array Y J

es over, a figh

bys Cerell

MUS . A Smile

Eld M. Hayronda Joseph Int.

Catharino Arbanen

. 57 1,310 -

Marchant of the matter of a surregular

The state of the s

Sand aristmel - Ed/18 tell faint

Lenfind Posmitie

The second of the second

FOR STATE HEALTH DEPT.

BLACE OF DEATH

M

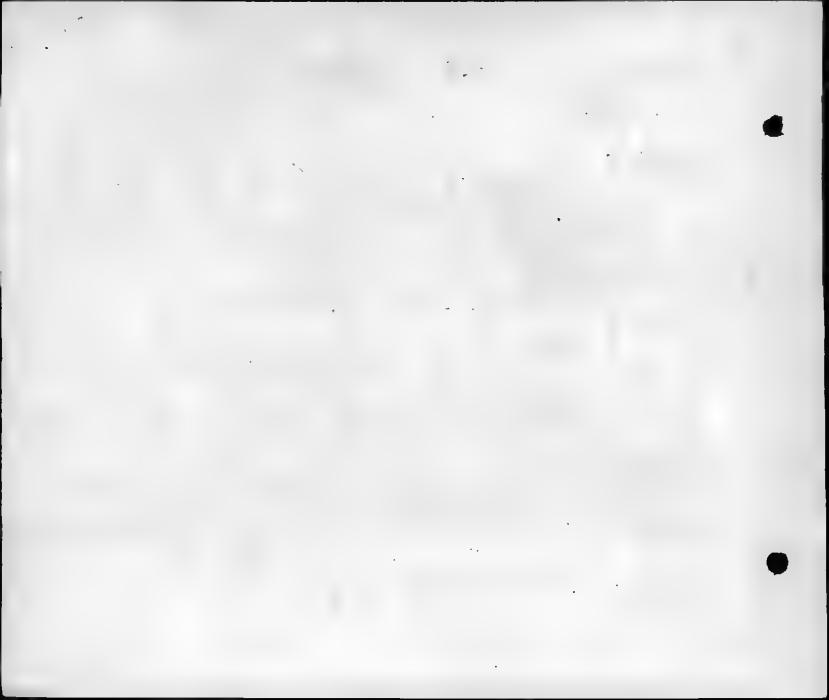
Execute the certificate, withing the word "pending" in pendin in them, 18. Give Pages 1, 2, and 3 to the funeral discript. Page 4 should be 1. And 3 to the funeral discript. Page 4 should be 1. And 3 to the funeral discript. Page 4 should be 1. And 3 to the funeral discript. Page 5 may be retained if the files. To FUNERAL DIRECTOR: Page 3 should be used as a burial fransit permit. File pages 1 and 2 with the State Book of Health, at its designated agent, prior to barial, cremotion, ar removal, and in any event within 72 hours ofter death.

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2 4 0 4

05970 Reg. Dist. No.

· COUNTY	9368	o. STATE	vitera deceased lived, if institution; kelider	nce perore bam ssionj
Anne Arundel	MARYLAND	o. SIAIE	Same b. COUNTY	·
 CITY OR TOWN (It pursues comparate timits, write RUR) and give negrest fown; 	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate limits, write RURAL and	give nearest (awn)
Millarsville	2 vears	X	Sam	10
d. NAME OF HOSPITAL OR INSTITUTION (IF not		d STREET ADDRESS		o. IS RESIDENCE ON A FARM?
Obrecht Rd.		Same _		YES 🔲 NO 📆
J. NAME OF First DECEASED	Middle	Lost	4. DATE Month	Doy Year
(Type or print) Edward Moody			DEATH May 30th.	19 59
5. SEX 6. COLOR OR RACE 7.	MARRIED NEVER MARRIED 8.	DATE OF BIRTH		YEAR IF UNDER 24 HRS
Mars W	DOWED DIVORCED	9/11/28	30 yrs	Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) Ename 16		RY 11 BIRTHPLACE (Siole		TEN OF WHAT COUNTRY? JSA
13. FATHER'S NAME		14 MOTHER'S MAIDEN N	IAME	
Howard Bowling		?		
15. WAS DECEASED EVER IN U. 5. ARMED FORCES.		FORMANT	Address	_ `
(Nos. no. or unknown) (If yes, give war or dates of service	212-26-4017	Mrs. Caroly	n Bowling (wife)	
18. CAUSE OF DEATH Enter only one couse pe		•		Interval between
PART I. DEATH WAS CAUSED BY:	AKTERIOS	CIERATI	IC CARDIO.	ONSET AND DEATH
IMMEDIATE CAUSE (o)	7.00			
DUE TO	UMSCULAR	DISTA	SF	}
Conditions, if any, which (b)				_
(o), stoting the underlying DUE TO				
cause lost. (c)				
PART II, OTHER SIGNIFICANT CONDITION	INS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMI	INAL DISEASE CONDITION GIVEN IN PART	1(0) 19. WAS AUTOPSY PERFORMED? YES NO
200 EXTERNAL CAUSE WAS 206 DE	SCRIBE HOW INJURY OCCURRED (E	nter nature of injury in Part	t t or Port II of item 18.)	
PRIMARY OF CONTRIBUTING CAUSE OF DEATH.				
3 20c TIME OF INJURY Month, Doy, Year		E OF INJURY (Home, form	20f. (City or town) (Cour	nly) (State)
20c TIME OF INJURY Month, Doy, Year Hour o. m.	While Not while tocic	ny, sileer, office orag , etc.	' {	
21. I certify that I look charge of	the remains described about	ve, held on Autops	y 📑 Inspection 🔼, Inquiry	, and in my
opiniop death resulted from: Notice	iral causes [7]. Accident [7. Suicide [7]. F	Homicide [], Undetermined m	onner 🗍
11/1/1/1/	9, 4			
ACTUAL // ALE	/ MEAdow	CHIEF MEDICAL EX	CAMINER [7]	DATE SIGNED
SIGNATURE	7	_M D. ASSISTANT MEDICAL EX		
EXAMINER'S PAUL F. C	SUERIH	DEPUTY MEDICAL I	A -	-31-59
220. BURIAL CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	27c. NAME OF CEMETERY OR	CREMATORY	22d LOCATION (City, town, or county)	(Stole)
Burial Jane 2,19	59 Glen Haven	(em.	Glen Idurnie,	141.
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	240 REC'I	D BY REGISTRAR 24b, REGISTRAR'S SIGI	NATURE
15 1 Develon 61	En 12 minie; Mi	DATE JU	JN 2 '59 Chilling S.	thous



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. LTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution, Residence before admission) 5109 o. COUNTY o. STATE Same files. Health, 6 COUNTY MARYLAND Anne b. CITY OR TOWN (If outside corporate limits, write #URAL c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) õ. Over 30 y. Same Severn d NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS Same Box 254 3. NAME OF 4 DATE Middle Lost Month DECEASED William Henry Branford (Type or print) DEATH May 20th. 5. SEX 6 COLOR OR RACE 7 MARRIED T NEVER MARRIED | 8 DATE OF BIRTH 9 AGE (In years IF UNDER TYEAR IF UNDER 24 HRS last brithday] Months WIDOWED [7] DIVORCED [10a USUAL OCCUPATION (Give kind of work done) 10b KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT COUNTRY? 24 hours after ded live Pages 1, 2, a form PM3, Page during most of working life, even if retired) USA Severn Laborer poges 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Phil. Branford 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address (II yes, give war or dates of service) Mrs.Rachel Branford (wife 215-16-6301 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: Coronary Occlusion IMMEDIATE CAUSE (o) pencil in DUE TO Conditions, if any, which gave rise to immediate couse DUE TO (e), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY 0 200. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 11 of item 18.) 20c. TIME OF INJURY Month Dov. Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form. 20f (City or town) factory, street, office bldg., etc.) While Not white 0.00 of work of work p. m 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection Inquiry ded. opinion death resulted from. Natural couses ... Accident . Suicide . Homicide . Undetermined manner CHIEF MEDICAL EXAMINER S - Q ASSISTANT MEDICAL EXAMINER should | Gustave H. Faubert, M.D. NAME (Type) DEPUTY MEDICAL EXAMINER

90 VS A35ME

220. BURIAL, CREMATION, 226 DATE

5/20/59 22d, LOCATION (City, lown,

(County)

05071

e. IS RES DENCE ON A FARM?

YES NO X

1959

Hours

INTERVAL BETWEEN Sudden

PERFORMED?

NO TA

(State)

and in my

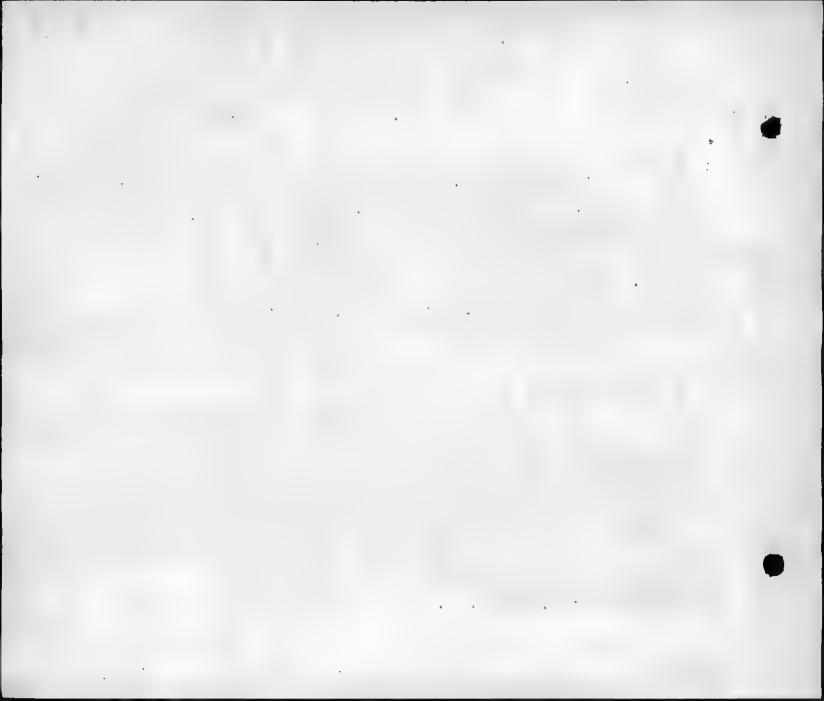
DATE SIGNED

(Slote)

Days

ADDRESS 24o REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE

22c NAME OF CEMETERY OR CREMATORY





4		ö	ij.	
25 TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4		direct	page 3 shauld be detached for use as the burial-transit perm 1. Then please remove carbon papers. Pages 1 and 2 mould be filed with	-
÷.		D	il e	
P		Jue	76	-
offer	•	Į	Moi	1
UTS		þ	d 2	-
9		u.p	00	
n 24		file file	Jes.	
vithi		e 🗸	Pag	
þ		plet	ers.	
ecut		COR	dod	40
8) 8)		pus	00	r de
e P		e e	carb	offe
Fical		ysici	ove	SID
in a		HD E	FeT	2 hc
th		ding	ose	7 01
dec		otter	D	with
the		he	Then	fent
that		þ	-	IV es
ires		ned	ELI	he registron prior to burial, cremation, or removal, and in any event within 72 hours often death
redn	an.	Sig.	is.	pu
30	rsici	beer	fran	0 10
e e	ď,	has	rio!	TOVO
ä	ding	ote	ng e	107
S	then	fific	s the	0
IYSI	ar a	cer	Se	office
급	D	, this	07.0	FIRST
ž	hasp	Affei	ed #	0
ĒN	he	30	toch	bur
F			e de	r to
Ö	ne	OIR.	P	aria
TAL	refai	AL	han	POL
SPI	þe	23Z	3 5	SIDE
¥.	may	3	9600	he r
10		10		•
15/	A1 N 9	S (4) B	

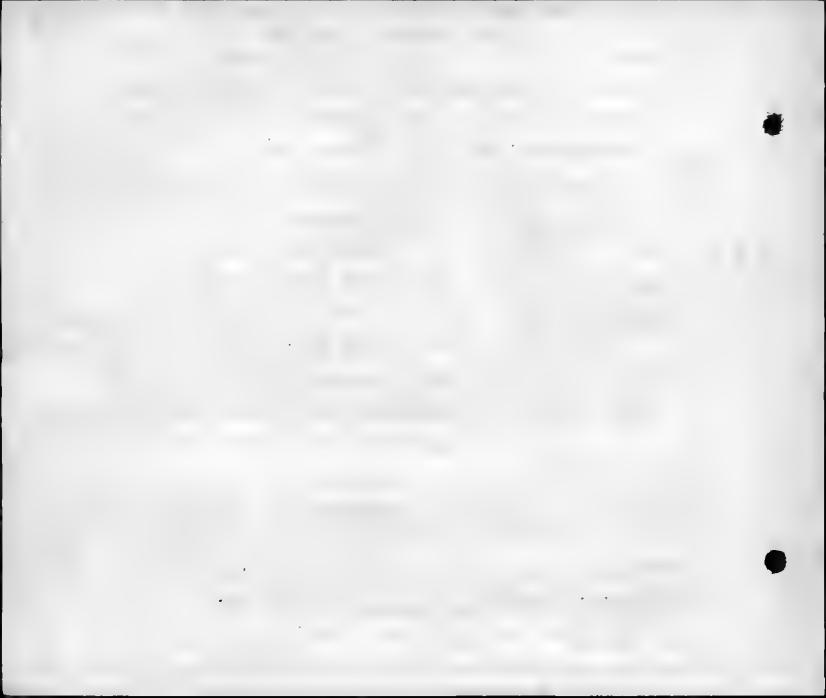
				STATE DEPA	RTM	ENT OF HEALTH	-BALT	IMORE, T	8		
			511	CERTI	FICA	ATE OF DEATH	1		Reg. Dist.	No[]51	072
1.	PLACE OF DEATH					2. USUAL RESIDENCE (Wh	ere deceased	lived. If institution			
		Arundel		MARY	LAND	Maryland		b. COUNTY	Baltin	ore C	ity
Г	b. CITY OR TOWN (outside carparate limi	ts, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If or	utside corpori	ate limits, write RU	RAL and give	nearest to	wn) 🎷
	_	nsville		4 mo. 9	da.	Baltimore		<u>.</u>	Voi-	4	
	d NAME OF HOSPIT	AL (If not in haspital, g	ive street			d STREET ADDRESS			,,		ESIDENCE A FARM?
		nsville Sta				1709 W. Ler	ringto	n Street			J NO 🖫
3.	NAME OF DECEASED (Type or print)	Lonni		Middle		Brooks	4. DATE OF DEATH	Month 5)	Day 24	Yeor 19 59
5.	SEX	6 COLOR OR RACE		RIED NEVER MARRI	en 🖂 📗	B. DATE OF BIRTH		AGE (In years	F UNDER 1 Y		
	Male	Negro	WIDOW	ED 🖪 DIVORCE	0	12-15-1878		last birthday) 80 yrs.	Manths Do		
10	during most of worl	ON (Give kind of work	done 10b.	KIND OF BUSINESS C	R INDUS	STRY 11. BIRTHPLACE (State	or foreign co	intry)	12 CITIZEI	OF WHAT	COUNTRY
	Unemploy	ed 🔪 ,	'	-	pas .	North Ca	arolin	a.	U.S	5.A.	
F 3	FATHER'S NAME	1				14. MOTHER'S MAIDEN N	AME				
1	Unknown					Unknown					
15 (Y	WAS DECEASED EVE	R IN U. S. ARMED FOR (If yes, give wor or dates of t	CES? 16.	SOCIAL SECURITY NO	ı ıı	NFORMANT		Addre	\$5		
Ĺ	No	= '				Hospital Reco	ord	_			
	18. CAUSE OF DEA	ATH [Enter only one co	iuse per li	ne for (o), (b), and (c).]					INTERVAL E	BETWEEN
	PART I. DEA	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) Heart Failure								DEAIN	
	420.0 DUE TO										
1	Conditions, if ony, which) Arteriosclerotic Heart Disease										
	gave rise to i								1		
1	lying couse lost.)								
100	PARE II. OTH	HER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DE	ATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE	CONDITION GIVE	N IN PART 1	a) 19. WAS PERF	S AUTOPSY ORMED?
3				-		•		_		YES	NO
CERTIFICATION	200 ACC DENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING TO CAUSE OF DEATH MEDICAL EXAMINER)	206. DES	CRIBE HOW INJURY O	CCURRE	O. (Enter noture of injury in P	ort for Part	II of item 18.)			
MEDICAL	20c. TIME OF INJUR	Y Month, Doy, Ye		NJURY OCCURRED		ACE OF INJURY (Home, farm,		or fown)	(Cou	nty)	(State
MED	Hour a.m.	19	While of wor	k at work	-	stary, street, affice bldg., etc.	' .	-	-	-	
	21 I certify th	at I attended the	decens	ed from	1/1	5 19_59 , ta	5	/24 10 59,	hat i last	saw the	decease
L	alive an	15/24	19		death	accurred at 4:55P	M from t				
		11	1 1	7/.	acam			eet, city or town, s			ATE SIGNE
	ACTUAL SIGNATURE	Mence	u	mer!		M.D. Crownsvill	e Stat	e Hospita	1, Md.	6/	4/59
	PHYSICIAN'S NAME (Type)	L. Benedi	et, K	I.D.		Crownsvill	e Stat	e Hoppita	1, Md	6/	4/59
22	REMOVAL (Specify)	ON, 226. DATE THEREC	37	DO WIND	· In	Nest Colorel	Be I	GN (City, tawn, or	county)	M (Ste	ate)
23	FUNERAL DIRECTOR	S'SIGNATURE	*	ADDRESS		240 REC'I	BY REGISTR	AR 24b. REGIST	RAR'S SIGN	ATURE	
	Of m 64	15 5 5 11				DATE J			thur S.	trava	
							211	1-			



١	SU/D CERTIFICA	AIE OF DEATH	Reg. Dist. No.
	D. PLACE OF DEATH COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY MARYLAND	Marylan	COUNTY (CALAMATIC)
	FURAL and give nearest town (If outside carporote limits; write; c. LENGTH OF STAY IN 1b	umapol	timils, write RURAL and give nearest town)
	of NAME OF HOSPITAL (If not in hospital, give street address), OR INSTITUTION OF THE MEMBER HOSP,	199 Clay &	treet. S. IS RESIDENCE ON A FARM? YES NO S.
	3. NAME OF DECEASED (Type or print) (Marles) Rublia	LOST DEATH OF DEATH	Month Day Year 5 - 3/ 1959
	5. SEX. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	2-29-1890	AGE (In years lostfeithday) Months Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work dane) 10b. KIND OF BUSINESS OR INDU 10 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Hopp: Maryle	WIND 12 CITIZEN OF WHAT COUNTRY
	13. FATHER'S NAME RICHARD Brown	Mancy Mancy	Jenkins
	(Yex. no "of uphnown") Ilf yes, give wor or dates of service)	suise N. Brown	v - ayna, mf.
	18. CAUSE OF DEATH [Enter only one couse per life for (a) (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	homastho	MINTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which gave rise to immediate		0 0
	cause (a), stoling the <u>under</u> DUE TO		
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTI		PERFORMED? YES NO
		ED. (Enter nature of injury in Port 1 or Part II	of item 18.)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. js. 19 While at work of the other other of the other of	LACE OF INJURY (Home, form, 20f. (City of actory, street, office bldg., etc.)	town) (County) (State)
	21. I certify that I attended the deceased from Naudanie alive on 125 , and that depth	h occurred at VIST M, from	the causes and an the date stated above.
	ACTUAL SIGNATURE A Chia Com		et, city or town, state) DATE SIGNED 6/2/59
	PHYSICIAN'S R. L. Richardson	Annapolis, Md	•
	22c. BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY CORRESPONDENCE OF CEMETERS CORRESPONDE	OR CREMATORY 22d COCATION	Mappeles Mid.
	Non Kredetti 108 Washest and	24a. REÇ'D BY REGISTRA	_ /

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death: Page 4 inneral director, ald be filed with TO FUNERAL DIPLOTE: After this certificate has blan signed by the atlanting physicial and completely filled in by page 3 shauld a chacked far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 the registrar prior to burial, cremation, ar remayal, and in any event within 72 hours offer death. TO HOSPITAL OR VS A15 (4) 15M 9/55

M



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DI CR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should becached for use as the burial-transit permit. Then please remove carbon pagers. Pages 3 and 2 fold be filed with the registre prior to burial, cremation, or remomal, and in any event within 72 hours after death.

VS A15 (4) 15M 9/5S

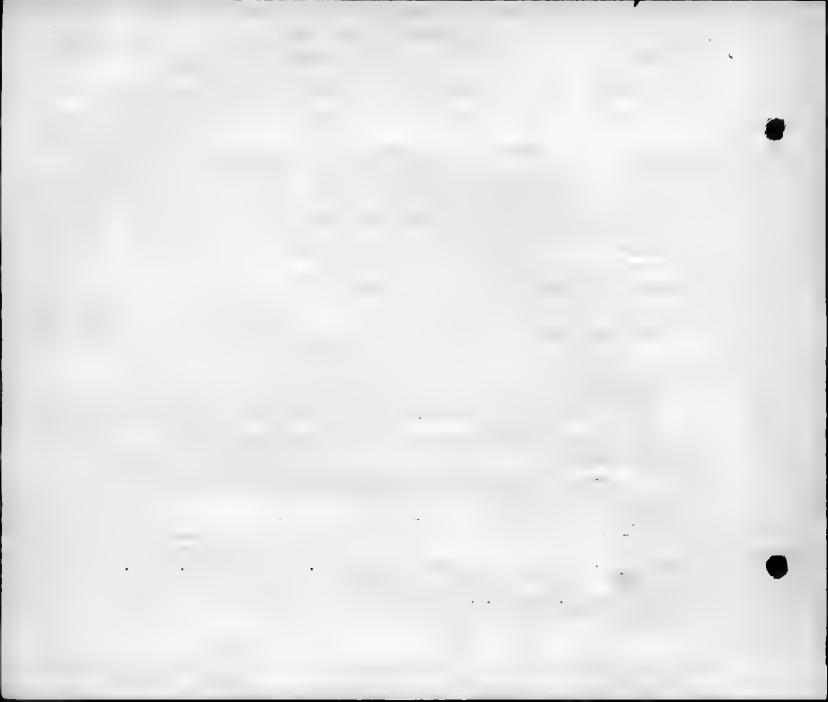
ı dı

	MARYLAND STATE DEPARTA	MENT OF HEALTH—BALTIMORE, 18
	5077 CERTIFIC	ATE OF DEATH Reg. Dist. No. US 074
	1. PLACE OF DEATH O. COUNTY A MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) a STATE b. COUNTY
	b. CITY OR TOWN (If outside corporate limits, write QURAY and give nearest/town) .	c. CITY OR TOWN (If outside corporate limits write RURAL and give nearest town)
	d. NAME OF HOSPITAL HT of in hospital, give street address) OR INSTITUTION Linesal	, d. STREET ADDRESS o. IS RESIDENCE ON A FARM? YES \(\) NO \(\)
	3. NAME OF DECEASED (Type or print) Henry C Middle	Month Day 4. DATE Month Day 4. Year DEATH MONTH 19 19 5
	5. SEX 6 COLOR OR RACE 1. MARRIED NEVER MARRIED DIVORCED	B DAY OF BIRTH 9. AGE (In years IF VNDER 1 YEAR IF UNDER 24 HRS lost maday) Mar. 20 4 9. AGE (In years IF VNDER 1 YEAR IF UNDER 24 HRS lost maday) Months Days Hours Min.
	100. USUAL OCCUPATION (Give kind of work done 100 KIND OF BUSINESS OR INDI- dering most of working life, even if retired) Curture Plains	USTRY 11 BURTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
	John Henry Cambbell	Loma T. Hiner
4)5. WAS DECEASED EVER IN V. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 (Yes, no or unknown) (II yes, give wor or dates of service)	NAME Campbell 300 W Suf Road nant Campbell 300 W Suf Road
	18. CAUSE OF DEATH [Enter only one couse per line for (o). (b). and (c)] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	were School Death
	Conditions, if any, which gove rise to immediate (b) # 1-21-121 Mm	younder infantes 3 hr.
	tying cause lost.	ice 7. 7.
	[S	IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPSY PERFORMED? YES \(\sum NO \(\sum \)
	· ·	ED. (Enter nature of injury in Part I or Part II of item 18.)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o m. p. m. 19 While Not white of work of work	LACE OF INJURY (Home, form, 20f (City or town) (County) (Stofe) octory, street, office bldg , etc.)
	21. I certify that I attended the deceased from 5 - 19 alive on 1 - 19 - 19, and that death	The decease
,	SIGNATURE Frank My Skylly	M.D. 12/ Collice of the fit 5-20-57
	PHYSICIAN'S FRANKM Shipley	annafoli- Perk
	(Lewide May 23-59 Farryew	OR CREMATORY 22d SOCATION (City, town, or county) (Syste)
	23 JUNERAY DIRECTOR'S SIGNATURE LINE COMPRESS JULIA M, Jagler Simo Compagn	shis may 24 rec'd by registrar 24b. registrar's signature and Date MAY 22'59 and S. Kinns



CERTIFICATE OF DEATH director, ifed with within 24 hours after death. Page PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) Anne Aranael Fifed COUNTY **b.** COUNTY MARYLAND b CITY OR TOWN If outside corporate limits, write io. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If pulside corporate limits, write RURAL and give nearest town) RURAL and give negrest town) Glenburnie d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO P NAME OF 4. DATE First Middle Month Day Year DECEASED (Type or print) DEATH 19 IF UNDER 1 YEAR IF UNDER 24 HRS SE) 6 COLOR OR RACE 7. MARRIED T NEVER MARRIED T 8. DATE OF BIRTH 1855 9. AGEYM years doy) Months Days DIVORCED [] WIDOWED P USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 4n115eW(13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME physicie e remove 72 hours 15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address ottending pleose yesthin 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o). Generalized arteriosclerosis 450.0 DUE TO ģ Senility Conditions, if any, which] gave rise to immediate DUE TO couse (o), stoting the underlying couse last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? Marked generalized osteoporosis lumbo-sacral YES NO BY 200 ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 206 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18) 20e PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Month. Doy, Year 20d. INJURY OCCURRED (Stote) (County) factory, street, office bldg., etc.) Hour a. m. Not while of work of work 21. I certify that I attended the deceased from 9-27-1957 5-4-1959 ... 19____that I last saw the deceased alive an 4-19-1959 and that death occurred at 2:30 PM, from the causes and an the date stated above. ö ADDRESS (Street, city or town, state) DATE SIGNED Ū ACTUAL SIGNATURE 400 N. Carrollton Ave. Balto. 23. Md FUNERAL DI HOSPITAL PHYSICIAN'S NAME (Type) James M. 22b. DATE THEREOF 22¢ NAME OF CEMETERY OR CREMATORY 220 BURIAL CREMATION. 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a, REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE, VS A15 (4) 15M 9/55

OF HEALTH-BALTIMORE, 18



Item 2, see CERTIFICATE OF DEATH with director 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY o STATE filed **b** COUNTY MARYLAND Anne Arundel Harvland Anne Arandel hours after death b. CITY OR TOWN (If outside corporate limits, write funeral & LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) be RURAL and give negrest town) P Annapolis Annapolis d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE OR INSTITUTION ON A FARM? Bay ridge Hoad YES NO The Anne Amindel General Hosnita NAME OF 4. DATE Middle lest Month Year Day DECEASED OF DEATH (Type or print) Casev 19 EO 5. SEX 6. COLOR OR RACE 7. MARRIED MEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthday) IF UNDER I YEAR IF UNDER 24 HRS completely Months Days Hours DIVORCED [WIDOWED [7] popers. Male White 12V 17 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote or foreign country) ian and cam corbon pope after death. 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Annapolis. Md. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME physician Franklin McDonald Casev hours remove Grace Emma Quade 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address 22 attending Mother Poad Annapolis 18. CAUSE OF DEATH [Enter only one couse per line for Id INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO ģ Conditions, if ony, which (b) gove rise to immediate DUE TO couse (a), stating the underlying couse lost burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT PROT RELATED TO THE TERMINAL DISEASE CONDITION GIVENAM PART TO 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I of Port II of item 18) 20c. TIME OF INJURY 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, Day, Year 20f. (City or town) (Slote) (County) factory, street, office bldg, etc.) Hour o.m While Not while of work of work 1959, that I last saw the deceased 21. I certify that I attended the deceased from and that death occurred at 6.15PM, from the causes and an the date stated above. alive on 80 ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL SIGNATURE prior relained FUNERAL DI PHYSICIAN'S NAME (Type) 220_BURIAL CREMATION. or county EMOYAL (Specify) 0 23 PUNERAL DIRECTOR'S SIGNATURE 245 REGISTRAR'S SIGNATURE REGISTRAR 240. REC'D. Cothun & House VS A15 (4) DATE

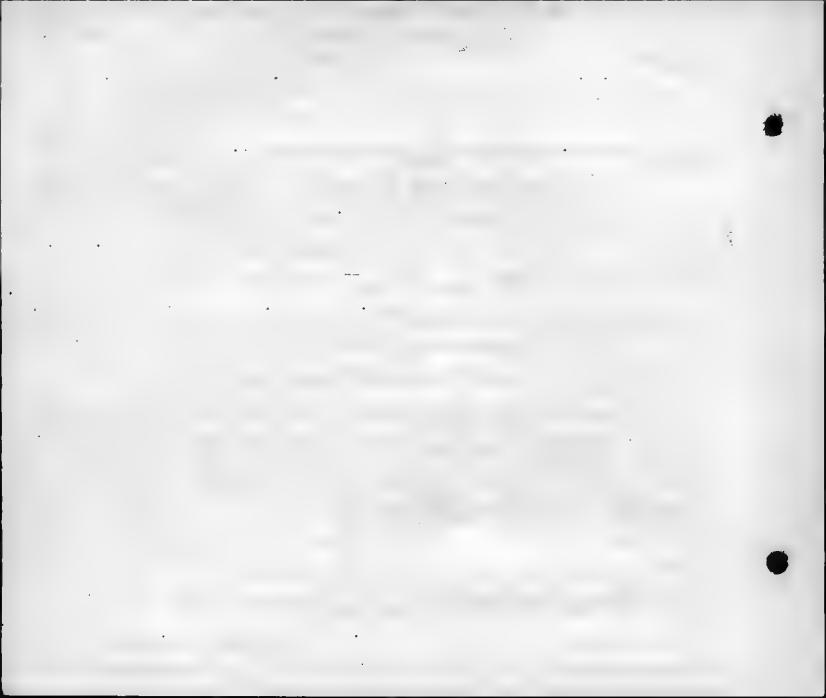
death certificate

es that

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



1 /			MARYL		STATE DEP	ARTM	ENT OF H	IEALTH	I—BAI	TIMORE,	18	es 16	
-12	L			511	2 CERT	IFICA	TE OF I	DEATH	1		Reg. Dist		077
	1.	1. PLACE OF DEATH o. COUNTY A. A. MARYLAND			2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) o. STATE Md. b. COUNTY A. A.								
P P P		RURAL ond give n Gibson Is	If outside corporate limit earest town] land	s, write	c. LENGTH OF STA	Y IN 1b	c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) x Gibson Island						
			TAL (If not in hospital, g	ive street od	(dress)		d. STREET ADDRESS				e. l	S RESIDENCE ON A FARM?	
, A		Kerry Rea					Kerry	Beaco				Y	ES NO
ges] o	3.	NAME OF DECEASED (Type or print)	RANK 5	TRAD	DON CHE		INES	51	4. DATE OF DEATH		nth	Doy 21.	Year 19 59
papers. Pages and pages an		sex Male	6. COLOR OR RACE White	7. MARRIE			Dec. L)	9. AGE (In years lost birthday) 88 yrs	Months		UNDER 24 HRS. ours Min.
pope di		. USUAL OCCUPATI	ON (Give kind of work of king life, even if retired)	ione 10b. Ki								EN OF V	VHAT COUNTRY
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u> </u>	Insurance						gston		ica		U.	S. A.
hours ofter de	13.	FATHER'S NAME	67				14. MOTHER'S						
ng s	-		anno Chavan					I	Hender				
	IS.	. na, ar unknown)	R IN U. S. ARMED FOR	rvice) 16. SC	OCIAL SECURITY N	i i	NFORMANT		((3				Island,
plecarrithin 72	⊨	no					s. Beat	rice r	1. Una	avannes -	Kerry		
pleo vithi			ATH [Enter only one co			1-]						INTERY.	AL BETWEEN
n n n		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CACHEXIA											DAYS
₹ s	Conditions, if ony, which) OF CENERALIZED CARCINOMATOSIS												
ait.		Conditions, if a	my, which) (b)	GEN	ERALIZI	ED C	ARCIN	OMA	TOS1	5		2 Y	RS
a c		cotte (a), stating	the under / DULIO	120		~7-		الله د				1. V	n C
and	_	lying couse lost.			CINOMA							107	42
± 0 0	Ę	.0	HER SIGNIFICANT CON		•						VEN IN PART	1(a) 19. \	WAS AUTOPSY PERFORMED?
P S S S S S S S S S S S S S S S S S S S	15		OSCLEROTI	c CA	RDIE-VA	Scull	9R-KE	NAL	DISE	ASE		YE	S NO
the by	L CERTIFICATION	OR CONTRIBUTING	MEDICAL EXAMINER)		IBE HOW INJURY								
r use as	MEDICAL	20c. TIME OF INJUI Havr a. m. p. m.	RY Month, Day, Yeo	While	URY OCCURRED Not while of work	20a. PLA foc	ICE OF INJURY I	(Hame, form, e bldg., etc.)	20f. (Cit	y or town)	{Co	ounty)	(State)
0 p	1	21. I certify th	nat I attended the	deceased	from MA	121	1259	_, ta_24/	3421	19.5	Lthat I la	ist saw	the decease
orio orio		alive an MA	31/2/	_ 125	I and the	t death	occurred at	850 8	M. fra	n the causes	and an the	e date :	stated abov
5 b				1 1	. ^					treet, city or town			PATE SIGNI
orio Orio		ACTUAL SIGNATURE	thun Lan	afore	191.		и.D. <u>/</u> У	00117	AIN	RD.			
e 3 shoult		PHYSICIAN'S AF	TAUR LAND	EFOR.	D JR.		P	15AD	ENE	A, MA	RYLM	UN	
page 3 should the registrar pri	220	BURIAL, CREMATIC REMOVAL (Specify Burial	May 25	f 1959	22c. NAME OF CE					TION (City, town,			(State)
	23.	EUNERAL DIRECTOR		24	ADDRESS	Ba	ot 17	24a. REC'E	BY REGIS	TRAR 24b. REG	ISTRAR'S SIGN		
S (4) /SS	¥	1. M. 7.	monne	11	Hom.	mu	u . 1	DATE MA	145!	O(1)	Dung & 9	Land	
ą.		1					MIN						



VS A15 (4) 15M 10/57

AADVI ANID	CTATE DEDADTMENT	OF HEALTH-BALTIMORE,	10
INK I ENITE	STATE DEPARTMENT	OF HEALTH-DALITHOKE,	- 1 9

13	1	43	say	r)
()	U	U	\$	ð.

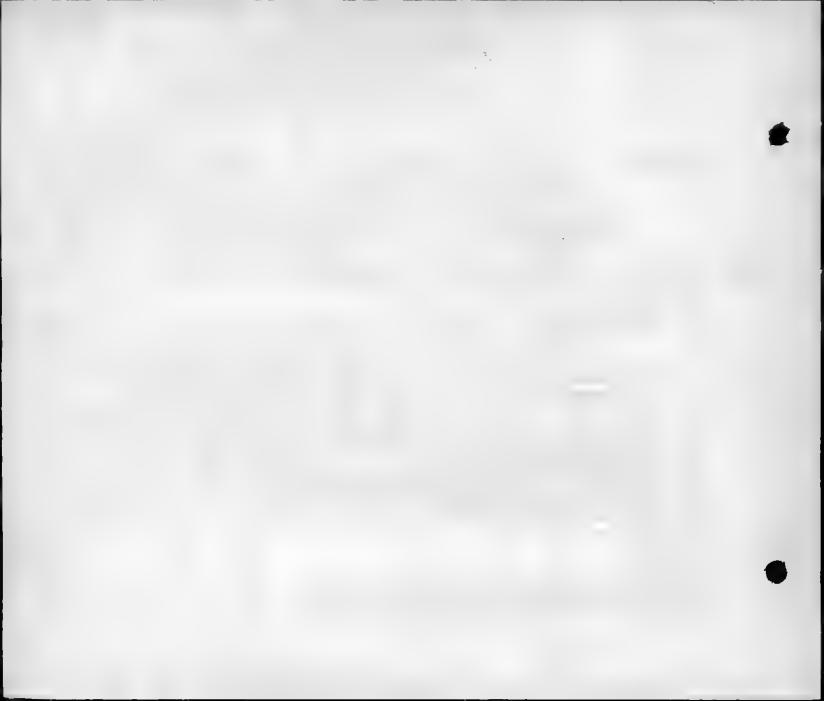
CERTIFICATE OF DEATH

Reg. Dist. No.

	1. PLACE OF DEATH 0. COUNTY Anne Arundel MARYLAND				0.	UAL RESIDENCE (V STATE arvland	Where decease	d lived. If institute b. COUNTY		_	
Ī	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)					Maryland Prince George's c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown)					
	Crownsv	a 60 m	32ye	V							
	d. NAME OF HOSPIT	d.	STREET ADDRESS					RESIDENCE N.A. FARM?			
1	Crownsy	ille State	Hospital							YES	NO 🗌
	3 NAME OF DECEASED (Type or print)	Fint Rober	.	Middle		clark	4. DATE OF DEATH	Mon		20°	Year 1059
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8					OF BIRTH		9 AGE (In years		YEAR IF U	NDER 24 HRS
-	Male Negro WIDOWED DIVORCED					378		last birthdoyl	Months	Days Ho	ırs Min
	100 USUAL OCCUPATION during most of work	JSTRY 1	BIRTHPLACE (Stot		ountry)	1	U.S.A	AT COUNTRY?			
ı	13. FATHER'S NAME	V-1011111111111111111111111111111111111			14, /	AOTHER'S MAIDEN	NAME				
	William	Clark				Susan	West				
	IS. WAS DECEASED EVER	IN U. S. ARMED FORCE	S? 16. SOCIAL SEC	URITY NO. 17.	Hos	ant pital Rec	ords	Add	ress		
	Conditions, if or gove rise to ir couse [o], stoling I lying couse lost. Part II. OTH 20a. ACCIDENT WA OR CONTRIBUTION (IF EITHER, NOTIFY)	ER SIGNIFICANT CONDI	Corons Arter: TIONS CONTRIBUTE Ob. DESCRIBE HOW	rdial Indiary Thron Loselerot NG TO DEATH BUT	nbos: tie (Cardiovas	m Port I or Par	E CONDITION GIV	EN IN PART	ONSET A	AS AUTOPSY RFORMED?
	20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Year	20d INJURY OCC While Not world of work of work	hile_ fo	ACE OF sctory, sli	INJURY (Home, for reet, office bldg , e	ic.)	•	-	ounty)	(Stote)
/	220. BURIAL, CREMATION	000 McHenry	(19.59) (19.59) (Mapp, M	1/h	. M.D	Crownsvi	ADDRESS (S	treet, city or town,	ind on thistore) Mde	e date st	the deceased ated abave. DATE SIGNED /20/59 /20/59
7	REMOVAL (Specify) 23 PUNERAL DIRECTOR'S DULL	SIGNATURE SIGNATURE	54 7/11	5 (200) 5 4334 97:30)	417	1111	C.D BA SECIZION STATEMENT	FRAR 246 REGIS	TRAP'S SIG	一样	Tha







FOR STATE HEALTH DEPT.

TO DEPUTY MED CAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is necessary, please execute the certificite, writing the word "pending" in pendit in 18. Give Pages 1, 2, and 3 to the funcral director. Page 4 should be for deat to the Chief Medical Examiner's Office along with form PM3. Page 5 may be relained for purchas.

TO FUNERAL DI CTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Ballot Health, or its designal agent, prior to burial, crematal, or the may event within 72 hours after death.

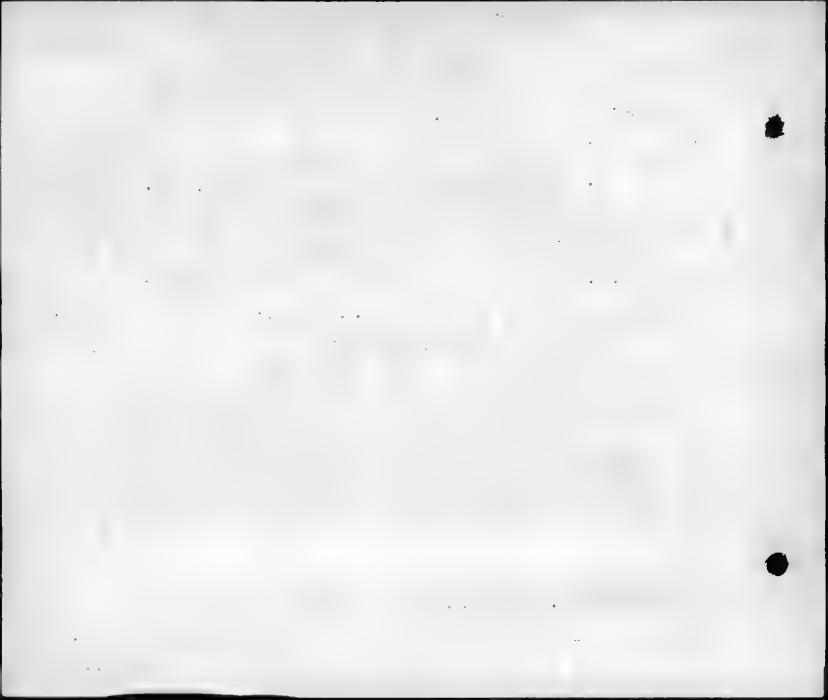
I

execute the cer 4 should be for TO FUNERAL DI

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

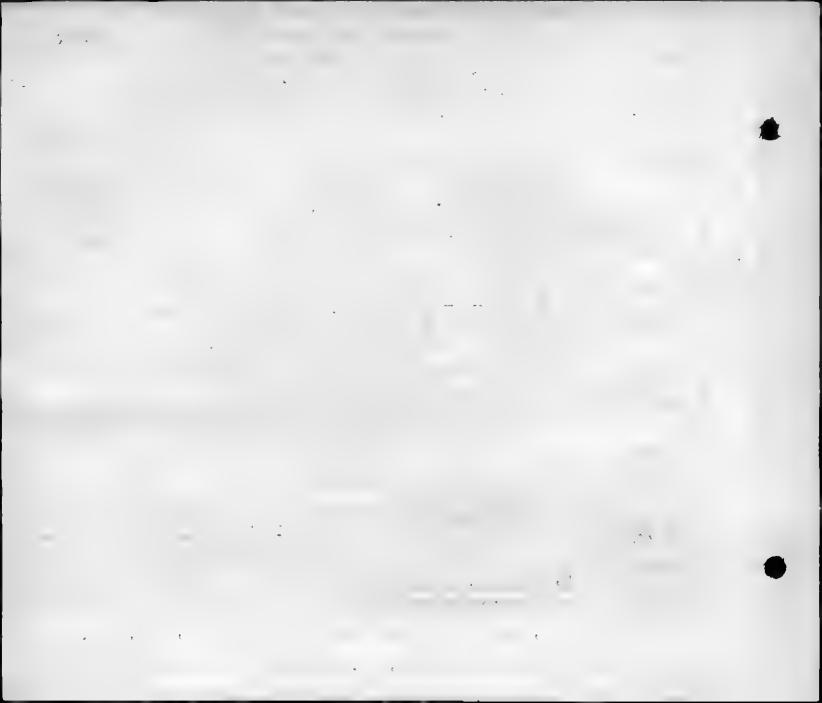
		- 11	5	13	50	4
_	Dist.	.17	び	ŀέ	\circ	3
Rea.	Dist.	No.		~	_	А,

1. PLACE OF DEATH o. COUNTY MARYLAND MARYLAND	2. USUAL RESIDENCE (Where deceased lived if institution Residence before admiss on) o. STATE Series b. COUNTY Same
b. CITY OR TOWN 14 outside corporate limits, we to RUTAL c. LENGTH OF STAY IN 16 and give neoral fower Clen Burnation 10. m.	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fawn)
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospito), give street oddress) 111 Sunset Drive	Same STREET ADDRESS S RESIDENCE ON / FARM? YES NO
3. NAME OF DECEASED (Type or print) Mrs. Emma Reed Crapster	Lost 4. DATE Month Day Year OF DEATH May 21st. 19 50
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED DIVORCED	
10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUS during most of working life, even if retired) Retired housewife	
13. FATHER'S NAME William H. W. Roed	14. MOTHER'S MAIDEN NAME
	NFORMANT Address
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 450.0 DUE TO Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause test. PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT (a)	Mr.E.R.Crapster (son) 111 Sunset Drive INTERNAL BEIMPIN ONSET AND DEATH ONSET
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLA While of work of wo	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (Store) fory, street, office bldg., etc.) Ove, held on Autopsy, Inspection X, Inquiry X. and in my, Suicide, Homicide, Undetermined monner M.D. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER
EXAMINER'S GUSTAVE H. Faubert, M.D. 220. BURIAL, CREMETION REMOVAL (Specify) 220. DATE THEREOF 220 NAME OF CEMETERY OR	DEFUTY MEDICAL EXAMINER 5/21/59 R CREMATORY 22d LOCATION (City, fown, or county) (Stole)
Burial 5-22, 1959 Loudon Par 23 JUNERAL DIRECTOR'S SIGNATURE J. Dubard Strong 3vot W. NORTH A	Pk Baltimore, Md. 40C. 240 REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE DATE MAY 2 2 '59 Original & Krana



deoth.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission) COUNTY MARYLAND Anne Arunde Same b. CITY OR TOWN (If outside corporate I milh, we to RURAL LENGTH OF STAY IN 16 c. CITY OR TOWN (If gutside carparate limits, write RURAL and give nearest town) Severna Park 18 months. Same d STREET ADDRESS d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. S RESIDENCE ON A FARM? YES NO T McKinzia Rd. Same 3. NAME OF 4. DATE Middle Last Manth DECEASED (Type or print) DEATH May 15th. 19 Clifton Alexander Day Sr. 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 4 8. DATE OF BIRTH 9 AGE Un years with fost birthday): Months Days Hours WIDOWED [DIVORCED [100. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) Page 1 and during most of working life, even if retired) Maintenance Man at USA. Naval Academy USA Arnold.Md. form PM3. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Benjamin Day Louise Day Give 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT [[If yes, give wor or dates of tervice] Mrs. Louise Day (mother 11 World War pern and i

Year IF UNDER TYEAR OF UNDER 24 HRS. Mun 12 CITIZEN OF WHAT COUNTRY? 18 CAUSE OF DEATH [Enter only one cause per l'ne far (a), (b), and (c).] INTERVAL SETWEEN ONSET AND DEATH PART f. DEATH WAS CAUSED BY: Sudden Coronay Occlusion IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gave rise to immediate cause **DUE TO** (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(1) 19, WAS AUTOPSY PERFORMED? NO DE 200. EXTERNAL CAUSE WAS PRIMARY I OF CONTRIBUTING I 206 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) CAUSE OF DEATH. 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f (City or town) (County) (State) factory, street, affice bldg., etc.) Not while at work of wark p m 21. 1 certify that I taak charge of the remains described above, held an Autapsy . Inspection . Inquiry . and in my opinion death resulted fram: Natural causes 3. Accident 1. Suicide . Homicide . Undetermined manner DATE SIGNED CHIEF MEDICAL EXAMINER [] ASSISTANT MEDICAL EXAMINER NAME (Type) Gustave H. Faubert.M.D. DEPUTY MEDICAL EXAMINER X 1 22c NAME OF CEMETERY OR CREMATORY 270. BURIAL CREMATION 226. DATE THEREOF 27d. LOCATION (City, town, or county) (State) REMOVAL (Specify) Maryland r.t. Clivery arnold. Br Mil ADDRESS 23-FUNERAE DIRECTOR'S SIGNATURE 24o, REC'D BY REGISTRAD 246. REGISTRAR'S SIGNATURE

Should FUNERA 40 VS A15ME

Office (

pending in p col Exominer used as a bur

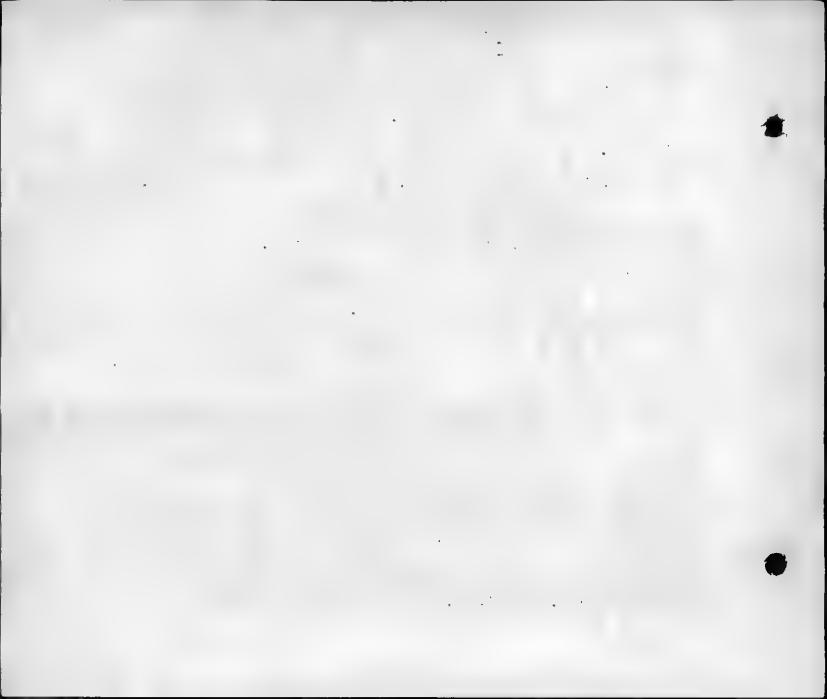
Chief

ded to

9 - 5

arthur S. Kraus

DATE MAY 2 0 '59

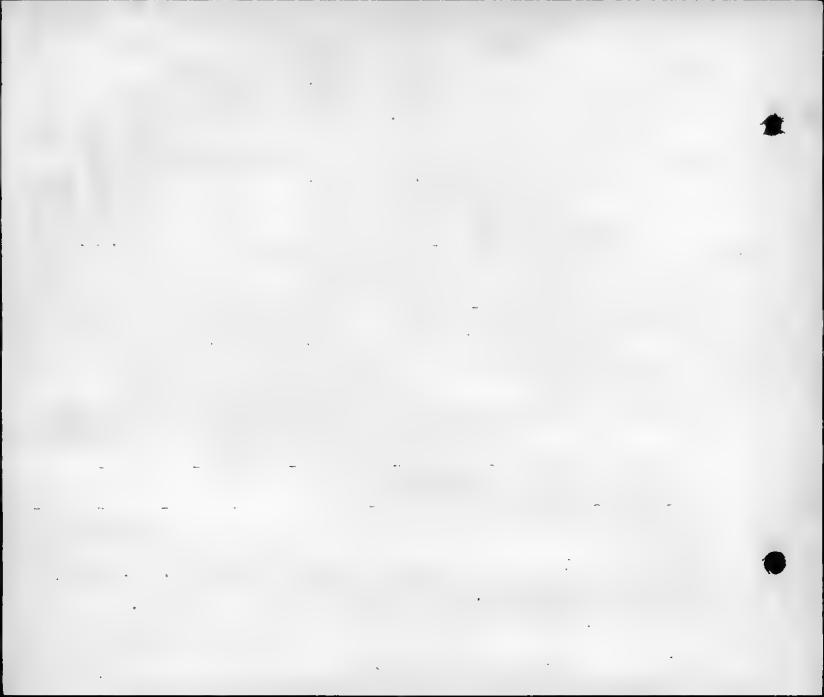


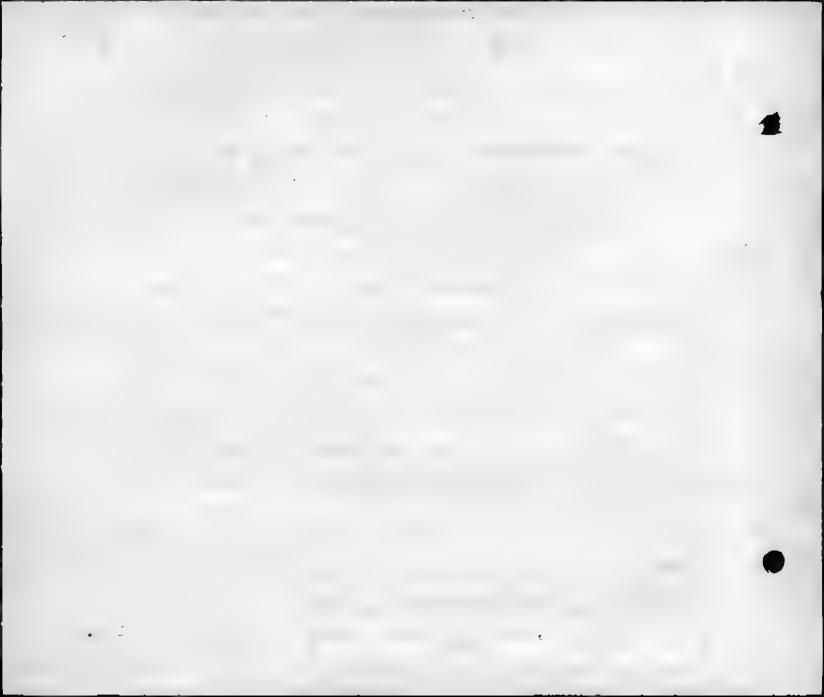
Ŀ	5.	18	CERTII	FICA	TE OF DEATH			Reg. Dis	t. No.	
\T.	PLACE OF DEATH p. COUNTY				2 USUAL RESIDENCE (Whe	re deceased		n Residenc	e before	admission)
	Anne Arundel		MARYL	LAND	Maryland		P COUNTA	Hows	rd	
Έ	b CITY OR TOWN (If outside carparate limit RURAL and give nearest town)	s, write	C LENGTH OF STAY I	N 1b	c. CITY OR TOWN (If ou	Iside corpoi	rate limits, write RU			d lown) y
Н	Crownsville		7 6	la.	Henryton		/	ar per		
Г	d NAME OF HOSPITAL (If not in hospital, g OR INSTITUTION	ve street	address)		d. STREET ADDRESS					IS RESIDENCE ON A FARM?
L	Crownsville State	Hos	pital							IES NO 🔀
3.	NAME OF Fin	ı	Middle		Lost	4. DATE OF	Monli	h	Day	Year
L	(Type or print) I101	ace	W.		Fender .	DEATH	5		18	19 59
5		7 MARE	IED NEVER MARRIE	D 🔲 8	DATE OF BIRTH		9. AGE (In years last birthday)			UNDER 24 HRS
	Male Negro	WIDOW	ED 📓 DIVORCED		6-26-1889		659 yrs	Months	Days I	laurs Min
10	 USUAL OCCUPATION (Give kind of work of during most of working life, even if retired 	ione 10b.	KIND OF BUSINESS OF	R INDUST	RY 11. BIRTHPLACE (State a	ır fareign ca	ountgy)	12. CITI	ZEN OF	WHAT COUNTRY
	None			-	Unlessan	me	L.		U.S.	Α.
13	FATHER'S NAME				14 MOTHER'S MAIDEN NA	AME				
	Nathan Fender				Mariah					
15	WAS DECEASED EVER IN U. S. ARMED FOR		SOCIAL SECURITY NO	17 IN	ORMANT		Addre	155		
Ĺ	(If yes, give war ar dates of it	19	6 - 26-8371		Hospital Red	cords				
	18 CAUSE OF DEATH [Enter only one cu	se per li	ne for (a), (b), and (c)]							AL BETWEEN
П	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o		Peritoni	tis	Fibrinopurule	ent, A	Acute		ONSET	AND DEATH
Н	261.4 DUE TO									
Н	Conditions, if any, which (b) Adynamic Ileus									
	gove rise to immediate course (a), stating the under DUE TO incarcerated Hernia, Peritoneal Sac, Lesser									
	lying cause last. (c)								<u></u>	
CERTIFICATION	PART II. OTHER SIGNIFICANT CON	PITIONS	CONTRIBUTING TO DEA	TH BUT N	OT RELATED TO THE TERMIN	IAL DISEASE	E CONDITION GIVE	N IN PART	1(a) 19.	WAS AUTOPSY PERFORMED?
CAT										ES 🔼 NO 🗌
RTIE	200 ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DE\$	CRIBE HOW INJURY OF	CURRED.	(Enter nature of injury in Po	art I or Part	t II of item 18.)			
		,	-	-	-		-		que	
MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour o. m.			20e. PLAC	E OF INJURY (Hame, form, iry, street, office bldg , etc.)	20f. (City	or lawn)	(C	ounty)	(State)
ME	— p. m. — 19	While of wor	k al work			-		-		_
	21. I certify that I attended the	deceas	ed from	5/11	, 19.59 , to	5/1	8 19 59	that I I	ast saw	the deceases
	alive on 5/1/8	12_		death o	occurred at 1:40 I					
	1/1	1.7	7:1				reet, city or town, s			DATE SIGNE
	ACTUAL SIGNATURE	W	a	М	. Crownsvil	le St	ate Hosp.	. Ma		5/19/59
		-						-		-14 1 4-24-
L	PHYSICIAN'S L. Benedic	t, M	.D.		Growneri-l	1- 5+	ata Hoan.	MA		
22	BURIAL CREMATION, 226. DATE THEREO	F	22c. NAME OF CEME	TERY OR	CREMATORY	228 LOCAT	ION (City, tawn, or	county)		(State)
	Tacacul 5-52-	59	West 1x	der	ty	11/11	1 Johnson	red 6		Till
23	FUNERAL DIRECTOR'S SIGNATURE	7	ADDRESS	,	7 24a. REC'D	BY REGIST		RAR'S SIG	NATURE	7

vnerol director, d be filed with ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or attending physician.

• FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the page 3 shauld is stacked for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 the registrar prior is burial, cremation, or removal, and in any event within 72 haurs effer deepth. TO FUNERAL DIR TO HOSPITAL OR VS A15 (4) 15M 10/57

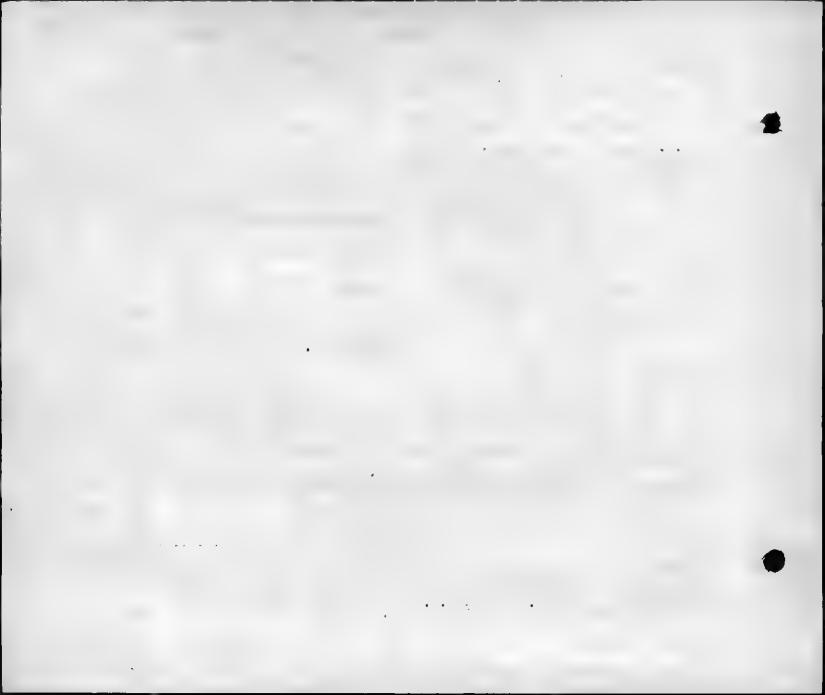
0





5M 9/55

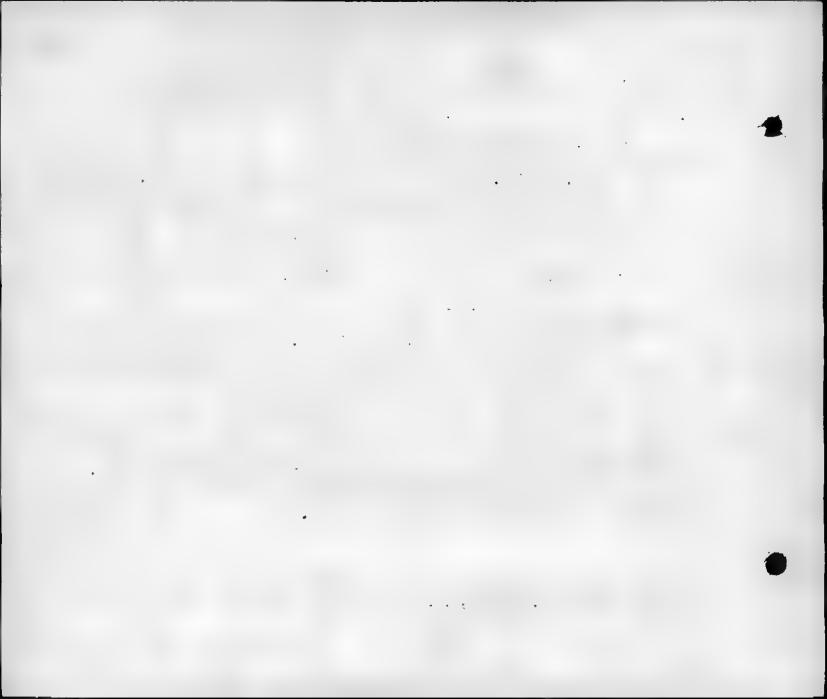
		M	EDICA	L EXAMINATE I	IER'S	CERTIFICA		DEATH	Reg. Di		059	87
	PLACE OF DEATH	nne Arund	el 5	120 MAR	YLAND	2. USUAL RESIDENCE (o. STATE Male	Where deceo	sed lived. If institu b. COUNT		nce befo	ore admissi	on)
									RURAL ond	-	arest town) v
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) N.E. Shore Furnace Branch.						d. STREET ADDRESS 1720 McD	onough	Street			e, IS RESI ON A YES	FARM?
-	NAME OF DECEASED (Type or print)	WI	First LLTE	Middle PAUL		FREEMAN	4. DATE DEATH	Ment May	1	15	Yeo 19	59
5. 9	Male Male	6. COLOR OF RAC		D DIVORCED		SLENC 15	1929	9. AGE (In years lost birthdoy)	Months	Days		24 HRS. Ain.
•	USUAL OCCUPATION Buring most M working FATHER'S NAME	N (Give kind of word life, even if retired	rk done 10b. I	KIND OF BUSINESS OF	RINDUSTI	11. BIRTHPLACE (Stote	or foreign	country)	7 12. CITIZ	EN OF	WHAT CO	DUNTRY?
		R IN U. S. ARMED I	FORCES? 16.	SOCIAL SECURITY NO	∫H,). 17. IN	MERE STAND	esso 7	ELL ME	MAL. T	264	17.5	Paer
Z	Conditions, if on gave rise to immedito, stating the woods fost.	H WAS CAUSED BY. IMMEDIATE CAUSE DUE To y, which iote cause nderlying DUE To	(o) <u>D</u> (b) 0 (c) (c)	for (o), (b), and (c).] rowning, For		Drowned.	AINAL DISEAS	E CONDITION GIV	EN IN PART	ONSET	AL BETWEEN	TOPSY
CERTIFICATIO	20g. EXTERNAL CAU- PRIMARY IX or CON CAUSE OF DEATH.	SE WAS	20b. DESCRIB	E HOW INJURY OCCU	_	nter noture of injury in Pa	ort I or Port II	of irem 18.)		Y	PERFORA ES K	NO 🛄
MEDICAL	FOUNT OF INJUR. 5:25 P. M.	5/14 ,	59 While	INJURY OCCURRED Not while Ork of work	20e. PLAC focto	E OF INJURY (Home, far ry, street, affice bldg., sh Unknown ve, held an Autap	Foun	d	Ann	e A	nınde	
	death resolted		l equiser [], Accident [chief MEDICAL E	e □, <u>∪</u>	nspection, ndetermined c	Inquir		and fir	
	EXAMINER'S NAME (Type)		. Guer			ASSISTANT MEDICAL	CAL EXAMINE	* 5		5	/15/5	9
t-	BURIAL CREMATION REMOVAL (Specify) ALL PLACE FUNERAL DIRECTOR'S	5/23	1.57	ADDRESS	TERY OR	rates lem	D BY REGIST		TAR'S SIG			•
1	miletel	G. Elect.	iaciel	1/29 11.00	List	ST DATE HA	Y 2 5 '5	9 au	Lug & 3	Tenson		



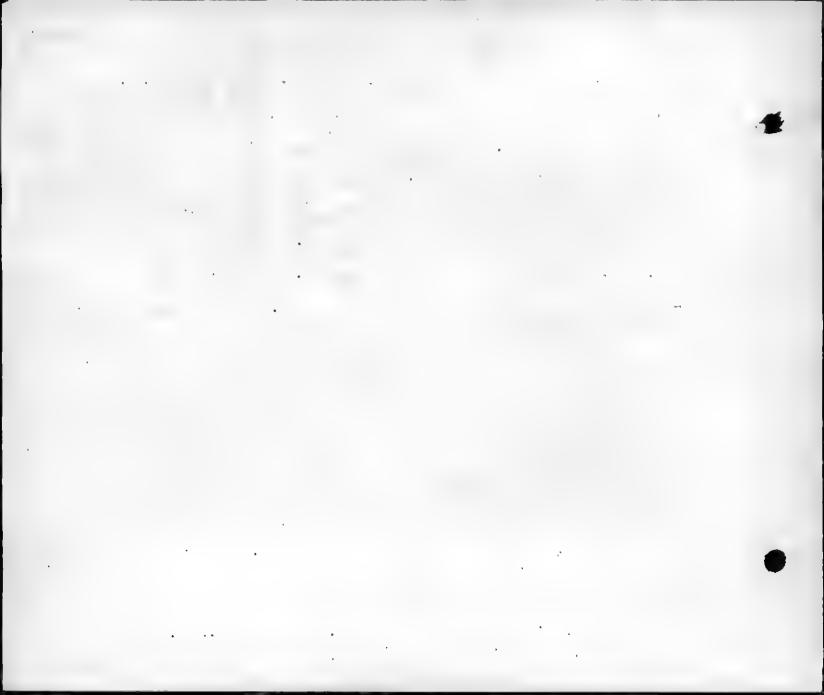
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH **FOR STATE** HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY o. STATE Ame SAME. COUNTY files. Health, Anne Arundel MARYLAND b. CITY OR TOWN Itt own de corperate I mile, write RURAL c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) , v P.O. Pasadena Over 3 years Same d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e. IS RES DENICE retained for State 80. ON A FARM Same Greek Drive.Rock Hill Beach YES NO NO 3. NAME OF Middle 4. DATE DECEASED May 8th. 19 59 Mrs. Naomi P. Gabe (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED THE NEVER MARRIED THE DATE OF BIRTH 5. SFX 9. AGE In years IFUNDER TYEAR IF UNDER 24 HKS 48 yrs. Months Min. Days Havis WIDOWED [7] DIVORCED [7] 10a. USUAL OCCUPATION [Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12 CITIZEN OF WHAT COUNTRY? 7 death during most of working life, even if retired) USA Virginia Housewife pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME P.M3. Elizabeth Collison Robert Lee Pitts ive Pc E 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 220-18-9068 George Gabe 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN Sudden Barbiturates Poisoning, 5.49 (suicide) PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) pencil in DUE TO Conditions, if ony, which gove rise to immediate couse DUE TO (a), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 160119, WAS AUTOPSY PERFORMED? NOF 200. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 8 or Part 11 of item 18.) Patient took voluntarily an excessive dose of Nembutal. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 120f. (City or town) (County) (State) factory, street, office bldg., etc.) o. m. of work | of work | p. m. 21. 1 certify that I took charge of the remains described above, held an Autapsy 🗍 , Inspection 🔼 ded. Suicide 4. Homicide 7. Undetermined manner opinion death resulted from: Natural couses , Accident , 18 Fourbestill DATE SIGNED ACTUAL 8 - 5 ASSISTANT MEDICAL EXAMINER **EXAMINER'S** 5/8/59 FUNER Gustave H. Faubert.M.D. DEPUTY MEDICAL EXAMINER NAME (Type) 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or county) (State) 0 **ADDRESS** ETINERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE VS. A15ME

Bal

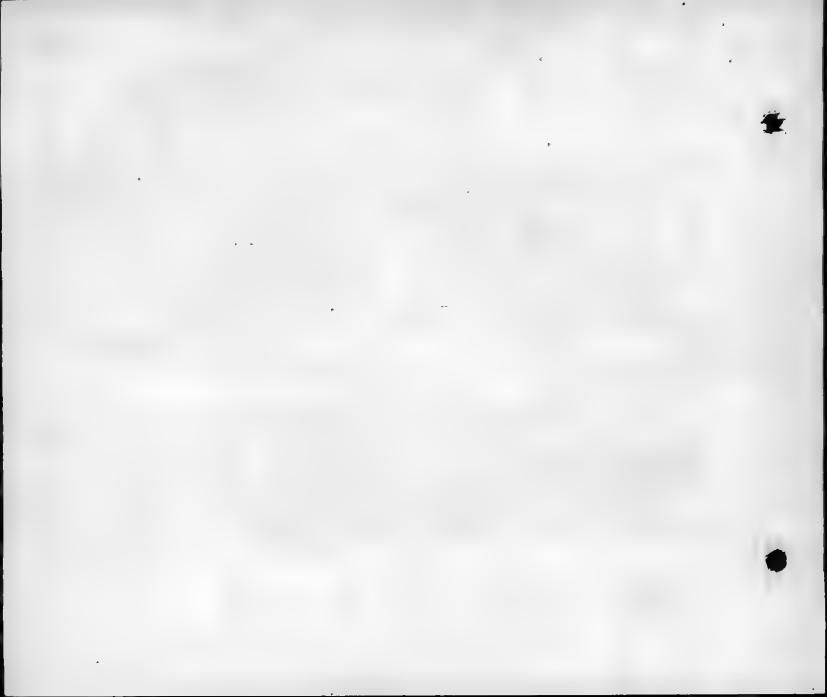
SM 2/57



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

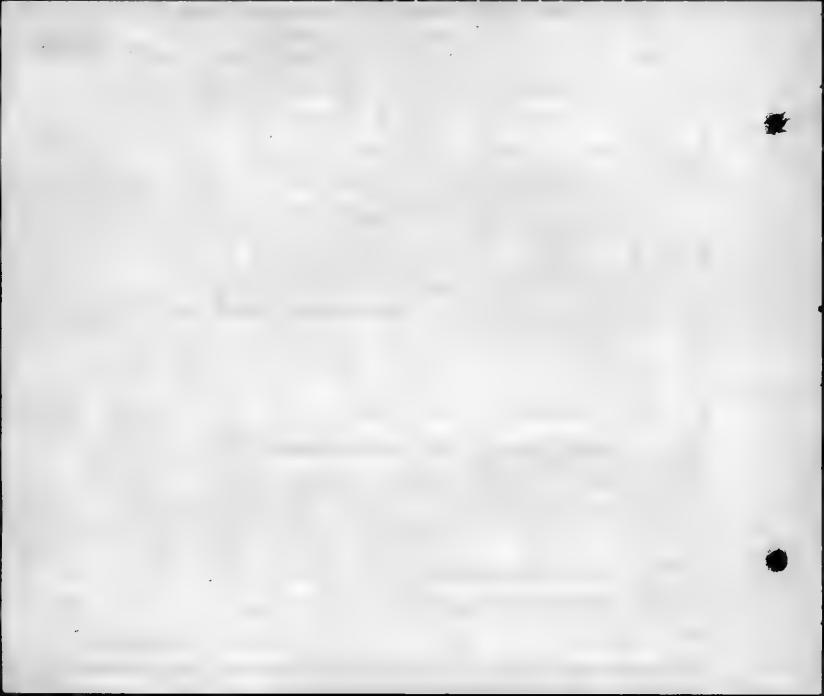


Tis. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Address (Myor. give with order of service) 200-18-6704 Mrs. Cleo Gibbs (mother)	e. IS RESIDENCE ON A FARM2 YES NO 4
222A Queesntown Rd. 3. NAME OF DECEASED (Type or print) James Edward Gibbs 5. SEX 6. COLOR OR RACE WIDOWED DIVORCED 11/3/17 100. USUAL OCCUPATION (Give kind of work done lob KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote or foreign country) during most of working life, even if relited The state of the s	YES NO Year 19 IF UNDER 24 HRS Haurs Min F WHAT COUNTRY?
The conditions of the course	19 IF UNDER 24 HRS Haurs Min F WHAT COUNTRY?
M C WIDOWED DIVORCED 11/3/17 Ioil harder) 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Slote ar fareign country) This is a state of the s	Haurs Min F WHAT COUNTRY?
13. FATHER'S NAME Addie Gibbs 15. WAS DECEASED EVER IN U. S ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT (Yes, no, or unknown) (H yes, give vor or doles of service) 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)] PART 1. DEATH WAS CAUSED BY: (MMEDIATE CAUSE (o) Conditions. if ony, which gover rise to immediate couse (e), stating the underlying OUE TO USA 14. MOTHER'S MAIDEN NAME Mary Davis 15. WAS DECEASED EVER IN U. S ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Address Address Address Abhmatic bronchitis ONS Conditions. if ony, which gover rise to immediate couse (e), stating the underlying OUE TO	PyAL BÊWCEN
Addie Gibbs 15. WAS DECEASED EVER IN U. S ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT (Myet, no. or unknown) (Myet, no. or unknown	VAL BENGEN 7 AND DEATH
(19 yes, give war ard dotes of service) 200-18-6704 Mrs. Cleo Gibbs (mother)	YAL BESWEEN T AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) SOIX DUE TO Conditions, if ony, which gove rise to immediate couse (a), stating the underlying DUE TO	VAL BELWEEN T AND DEATH
fall and the purposition of the	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN THE TERMINAL DISEASE CONDITION GIVEN DISEASE CONDITIO	9. WAS AUTOPSY PERFORMED? YES NO
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20c PLACE OF INJURY (Home, form, 120f (Crity or fown) (County) Haur e. m. 19 While Not while of work at work	(State)
21. I certify that I taok charge of the remains described above, held an Autopsy 4, this pection 4, Inquiry 5 opinion death resulted from: Natural causes . Accident . Suicide . Hamicide . Undetermined manni	
ACTUAL SIGNATURE. M. D. CHIEF MEDICAL EXAMINER 5	DATE SIGNED
EXAMINER'S NAME (Type) 220. BURIAL CREMATION 22b DATE THEREOF	/11/59 - (State)



5087 **CERTIFICATE OF DEATH** Reg. Dist. No. il director, filed with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. Il institution: Residence before admission) a. COUNTY COUNT MARYLAND 17: b. CITY OR TOWN (If outside carporate limits, write C. LENGTH OF STAY IN 16 CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) 70 d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM? YES NO NAME OF Middle 4. DATE Month Day Year DECEASED (Type or print) DEATH 19 9. AGE (In years last birthday) 5. SEX 6. COLOR OR RACE 7. MARRIED THEVER MARRIED IF UNDER I YEAR IF UNDER 24 HRS Months Days Hours Min. DIVORCED [WIDOWED [papers. yrs. 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY during meg of working life, even if retired) and 13. FATHER'S NAME 14. MOTHER 1s. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. JNFORMANT Address 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH ם PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) **DUE TO** it permit. Conditions, if any, which gave rise to immediate **DUE TO** cause (a), stating the underburial-transit remayal, and lying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES [NO 🗌 20g. ACCIDENT WAS UNDERLYING [7] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) Day, Year (County) (State) Hour o. ft. factory, street, office bldg., etc.) Not while 19 at work at work p. m. 21. I certify that I attended the deceased from .T., that I last saw the deceased alive on_ and that death occurred at A.M. from the causes and on the date stated above. ADDRESS (Street, city or town, state) ACTUAL SIGNATURE prior RAL DI PHYSICIAN'S NAME (Type) BURIAL, CREMATION 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (Exty. town, or county) (State) 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE 2100 andling & thousa 15M 9/55 15Q

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
4 25/NA	' 5123 Items 2d & 7 Film 62: 3 5/27/59 cap CERTIFICATE OF DEATH Reg. Dist. No. U5092
directo directo	1. PLACE OF DEATH G. COUNTY ANNE ARUNDEL MARYLAND 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) G. STATE Maryland b. COUNTY
and people of the control of the con	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest lown) 2 YR: Imc. 6de BALTIMORE
d 2 d 2 d 2 d 2 d 2 d 2 d 2 d 2 d 2 d 2	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION CROWNSVILLE STATE HOSPITAL 1449/1449/1860 ON A FARM? YES NO
n 24 ho iilled in jes 1 an	3 NAME OF DECEASED (Type or print) MARY Middle GOUGH 4. DATE OF Month Open Plant Mark Of DEATH May 9 1959
d within 2 pletely filk rs. Pages	5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED DE DIVORCED OCT. 31, 1865 9 AGE (In yeors lost bishdoy) Months Days Hours Min
and camples and papers. It death.	100. USUAL OCCUPATION (Give kind of work done 106. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) UN KNOWN 12 CITIZEN OF WHAT COUNTRY: UN KNOWN 12 CITIZEN OF WHAT COUNTRY:
9 5 5 7	13. FATHER'S NAME RICHARD GOUGH 14. MOTHER'S MAIDEN (NAME Mary
ng physical per remove of 72 hours	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address HOSPITAL PROPERTY.
the death ce he attending then please re ent within 72	PART I. DEATH WAS CAUSED BY: COLOUR OF DAVICYED S IMMEDIATE CAUSE (a) PUE TO WITH OME CAUSED IN THE LIVER
quires that igned by t permit. I in any ev	Conditions, if any, which gave rise to immediate cause (a), stating the under-
he law re physician has been s rial-transit naval, and	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERCORMED? YES A NO
IAN: T tending ificate I the bu	206. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER) 206. ACCIDENT WAS UNDERLYING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF CAUSE OF CONTRIBUTING CAUSE OF CAUSE
PHYSIC	20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED Hour a. m. 19 While Not while at work at work.
TENDING the hospit PR: After trached for burial, cr	21. I certify that I attended the deceased from April, 15, 1959, ta May 9, 1957, that I last saw the deceased alive an May 9, 1959, and that death accurred at 12.20 P.M. from the causes and an the date stated above
OR AT ned by d the prior to	ACTUAL REONAND POSSONS MD. CROWNSVILLE STATE HOSPITAL
PITAL re retai 3 shoul gistrar	PHYSICIAN'S LEONARDO GARCIA-BUNUEL CROWNSVILLE, Md_
o Hos may b O Fun page the re	220. BURIAL CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY Patern (Specify) 5/12/79 ST. Patern (Caper Hill) MO.
VS A15 (4) 15M 10/57	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRE



SARO CERTIFICATE OF DEATH with haurs after death." Page 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) o. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) 21 RURAL and give negrest town) ANNA POLIS d NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION 516 ADAMS NAME OF Middle 4. DATE DECEASED executed within 24 OF DEATH GRIFFIT (Type or print) ひからいんハ 6. COLOR OR RACE 7. MARRIED 7 NEVER MARRIED 5. SEX 8. DATE OF BIRTH WIDOWED R DIVORCED [Fcb 21. Do. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or fareign country) during most of working life, even if retired) Jourse wite Y SAN hand 13 FATHER'S NAME certificate Stalli Amos Sosan 15, WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO ta ni 18. CAUSE OF DEATH [Enter only one couse pen line for (o) PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (o) 100 **DUE TO** 6 Conditions, if ony, which gove rise to immediate DUE TO cause (a), stating the underlying couse lost. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPSY 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Part II of item 18) 20c. TIME OF INJURY Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, 20f. (City or town) factory, street, office bldg. etc.) Hour o. m. Not while of work at work 21. I certify that I attended the deceased from C. alive on and that death occurred at ő ADDRESS (Street, city or town, state) ACTUAL SIGNATURE PHYSICIAN NAME (Type) TO FUNER BURIAL CREMATION 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lawn, or county) REMOVAL (Specify) Bal 23. FUNERAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist. No. **b.** COUNTY ON A FARM YES NO 🕅 Month Year 19 59 16 IF UNDER 1 YEAR IF UNDER 24 HRS. 9. AGE (In years last birthday) Months Doys Hours 12. CITIZEN OF WHAT COUNTRY? Address Samo INTERVAL BETWEEN ONSET AND DEATH PERFORMED? YES [NO E (Stote) (County) 2. Zthat I last saw the deceased M, from the causes and an the date stated above. DATE SIGNED

(Stote)

24b. REGISTRAR'S SIGNATURE

arthur & House

MAY 2 0 '59



VS A15 [4] 15M 9/SS

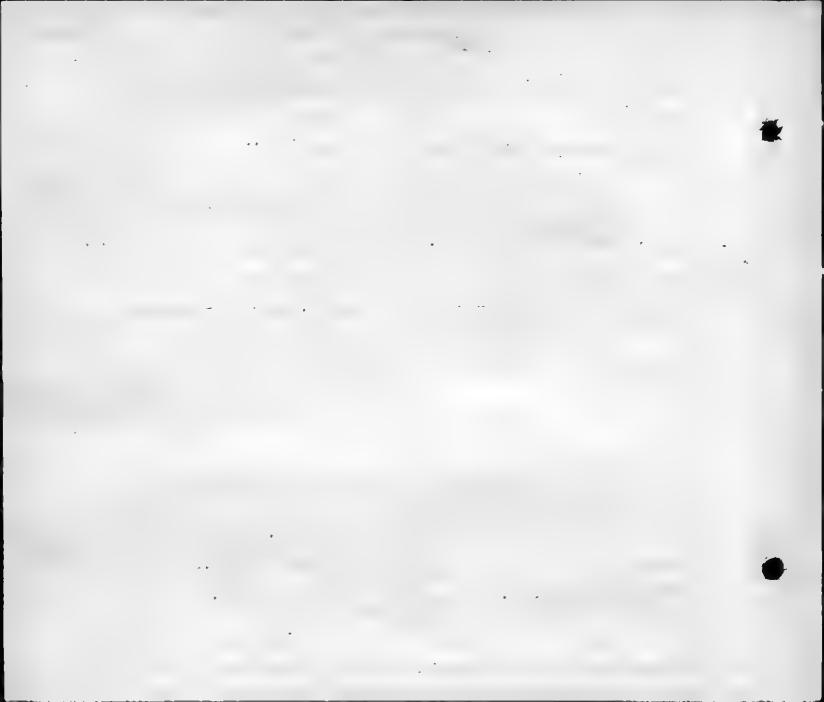
1	- (
1	- 1
7	- 1
1	-1
	- 1

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5083 CERTIFICATE OF DEATH

Reg. Dist. No. 05094

	PLACE OF DEA					2. USUAL RESI	DENCE (W	here deceased	lived. If institution b. COUNTY					
		Anne Arundel			YLAND	Mary tand Anne Arundet								
	b. CITY OR TO' RURAL and g	WN (If outside corporate limi give neorest town)	ils, write	c. LENGTH OF STAY	IN 16	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)								
	Annapol	is				Annapolis								
	d. NAME OF H OR INSTITUT	OSPITAL (If not in hospital, g	give street	oddress)		d STREET A						IS RESIDENCE	-	
Ar	ne Arur	idel Ganeral F	lospi	tal		1185 Ty	Ler A	ve.,			١	YES NO.	©¢_	
	NAME OF DECEASED	Fir	si	Middle		los	1	4. DATE	Mon	th	Doy	Yeor		
	(Type or print)	Hidde		Charle	9	HAAS		OF DEATH	Ma	У	28	19 59	}	
5. :	SEX	6. COLOR OR RACE	7. MARR	RIED TO NEVER MARR	ED 🔲	8. DATE OF BIRT	1	1889	9. AGE (In years lost birthday)			UNDER 24 H		
I.	fale	White	WIDOWI	ED DIVORCE	0 🗆	Decembe	r 1,	1887	% 69/11	Months (Days I	dours Mir	1.	
10a	. USUAL OCCU	PATION (Give kind of work of working life, even if retired	done 10b.	KIND OF BUSINESS	OR INDUS	TRY 11. SIRTHPL	ACE (State	ar fareign co	untryj	12 CITIZ	EN OF	WHAT COUN	ITRY7	
		Electrician	1	U S Gov.			Ohio	(Bern	esville)		U.S.			
13	FATHER'S NAM	E				14. MOTHER'S			00,1110)					
	Edv	ward Haas				Jenny Porter								
15.	WAS DECEASE	DEVER IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO), 17, 19	INFORMANT Address								
(Ye	Yes	1914 (no wai		9-12-4163	Mrs	g Mahal	g H-	ag UI	fe- same	4	2			
		F DEATH Enter only one co				5 PAUGI	O. 112	IND KT	To- same	AS #		AL BETWEEN	4	
		. DEATH WAS CAUSED BY:	11	10-00	· }						ONSET	AND DEATH	i,	
	446	IMMEDIATE CAUSE (o			<i>3</i>							100	_	
	1 /	•	1	1. 1. 1		Par are	- 1				/	· ~		
1		if ony, which) (b)///	spence	26	Kan or -	as)				/	UNIS	4	
	couse (o), stoting the <u>under-</u> trying couse last.													
_											1			
CATION	PART II	. OTHER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DE	ATH BUT	NOT RELATED TO	THE TERM	INAL DISEASE	CONDITION GIV	EN IN PART	1(0) 19	WAS AUTOPS PERFORMED?	5¥	
				ر و در در داور	the	1/2		da			Y	ES 🔼 NO [<u></u>	
CERTIF	OR CONTRIBU	IT WAS UNDERLYING [] ITING [] CAUSE OF DEATH OTIFY MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY (OCCY RREE), (Enler nalure a	finjury in	Port Far Port	II of item (B.)					
3		NJURY Month, Doy, Yes		NJURY OCCURRED	20e PU	CE OF INJURY (I	Home, forn	n, 20f (City	or lown)	(Co	unty]	(Sto	lej	
MEDIC	Hour o	o. m. o. m.	While of war	Not while	1 7	nory, sireer, ornica	olog., etc	- L						
	21. I certif	y that/I attended the	deceas		9/5	8. 19	, to 5/	128/3				the dece		
	alive an	5/18/59	, 19	, and that	death	accurred at	:30' 1	M, from	the causes a	nd an the	e date	stated ab-	ove.	
		011	1	1. 1	A			ADDRESS (Sir	eel, city or town,	stote)		DATE SIG	NED	
	ACTUAL SIGNATURE	- China	16	arra.	1/2	ир. 98	Cath	nedral	St.,		5,	/29/59		
	PHYSICIAN'S		_		7		_		- 4					
_	NAME (Type)	Edwin Davis,	Jr.	/		An	napol	lis, M	ld.					
220	BURIAL, CREA	MATION, 226. DATE THEREC		22c. NAME OF CEM				22d. LOCAT	ION (City, town, o	or county)		(Stote)		
E	REMOVAL (SP	May 30,19	959	Hillcrest	Memo	orial Ce	met.	Anna	polis, M	arylar	ıd			
23.	FUNERAL DIREC	CTOR'S SIGNATURE	Air	ABDRESS			24a. REC	D BY REGISTE		TRAR'S SIGN				
1	Hones	Truck GA	1	100	Mana	-1	DATE T	UN 1 '5	9 0	77 . 9	4			
-	**************************************	Fundral 16m		Innapolio,		Y-1-1-10		1711 ·	7		Time			



05095

Reg. Dist. No

										Keg. D	1011 1102	1	Ca I		
	COUNTY Anne	Arundel		MARYL	AND	2. USUAL RESIDENCE (Where deceosed lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Anne Arundel									
Ь.	CITY OR TOWN (IF	autside corporate limi	ls, write	c. LENGTH OF STAY II	N Ib	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)									
F	ort George	e G. Meade	. Md	13 Months		X Fort George G. Meade, Md									
		L (If not in hospital, g		address)		, d. STREET A						e. IS RES			
U	. S. Army	Hospital					2686	F. McF	rthur Ro	ad			FARM?		
3. N	AME OF ECEASED	First		Middle		Los		4. DATE		Manth		,	Year		
(Type or print)		Katl	hrvn	Butts		Han	ring	OF	May	7	5		19 59		
5. SE	X	6. COLOR OR RACE	7. MARR	IED NEVER MARRIEL		B. DATE OF BIRTH			9. AGE (In years		R 1 YEAR	IF UNDE	R 24 HRS		
F	emale	Cau	WIDOWE	DIVORCED		29 Dec	1912		lost birthday)	Months	Doys	Haurs	Min.		
10a	USUAL OCCUPATION	V (Give kind of work of	ione 105.	KIND OF BUSINESS OR	INDUS			ar foreign co		12. C	TIZEN O	F WHAT	COUNTRY		
	Houses	ng life, even if retired) V118				Virginia				U.S.A.					
13. F	ATHER'S NAME					14. MOTHER'S		NAME							
1	Benjar	min H. But	ts			Maud	le Rol	binson	Butts						
15. V	VAS DECEASED EVER			SOCIAL SECURITY NO	17 IF	FORMANT				dress					
ξ1 W3,	NO III	f yes, give wor or dates of si		29-22-4714	00	mmander	Will:	iam Fo	rrest Ha	rrine	rton.	FGC	Pr. Mo		
2 [Conditions, if on gove rise to im cause (a), stoting It lying cause last. PART II. OTHE 200. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY A)	DUE TO wedget medget munder called DE TO College DE TO Colle	DITIONS C	ONTRIBUTING TO DEAT	TH BUT	NOT RELATED TO	THE TERMI	Part I or Part	E CONDITION GI	VEN IN PA		PERFO			
	21. I certify the	En E	decease	ed from U020 59, and that of		occurred at	OD20 ARV	_M, from ADDRESS (SH Y HOSP		and an (the dat	e state			
22 ₀ .	BURIAL CREMATION	, 22b. DATE THEREO	F	22c. NAME OF CEMET	TERY OR				ION (City, town,			(Stole	e)		
RE	REMOVAL (Specify)	5-6-59		Norfolk	: Ce	metery		Ho	rfolk,	Virg	inia				
23. F	UNERAL DIRECTOR'S	SIGNATURE		ADDRESS			24o. REC'		RAR 24b. REG			_			
Wi	lliam Coc	k, Inc.,	1217	st.T ul S	Stre	et	DATE MA	Y 7 '5	9 0	thung &	Henry	A.			

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

5084 CERTIFICATE OF DEATH

Reg. Dist. No. 05096

			The state of the s
	1 [PLACE OF DEATH O. COUNTY	AL RESIDENCE (Where deceased lived. If institution: Residente before agmission)
	`	Anne Arunde LMARYLAND O. ST.	b. COUNTY A. A
	ı	b CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CI	ITY OR IQWN (If outside corporate limits, write RURAL and give nearest town)
		ANNAROLIS Wid.	Frankler III.
	,	d NAME OF HOSPITAE (If not in hospital, give street address) d 5	STREET ADDRESS
^-e		Anne Arundeh (en Had)	CC TO THE BOX 328 ON A FARM?
	(3. NAME OF DECEASED (Type or print) (CCC) First ACOO Have	Last OF DEATH 5 Month Doy Year
	5. 9	5. SEX 6. COLOR OR RACE 7 MARRIED 1 NEVER MARRIED B. DATE C	
		/- (1) WIDOWED DIVORCED NO	1895 last birthday) Months Days Hours Min
\	10a	100 USUAL OCCUPATION Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 Industrial Control of Control	BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTR
		Housevill (Hours	0300 pr. (4)
	13.	13. FATHER'S NAME	OTHER'S MAIDEN NAME
		Joines Murphy &	Mine Sank
	15. IYes	15. WAS DICEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMAN	NI Edward J.Haupt-Arnold A.A.Co:M d
	l'in	216-07-6609	Alfand
		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (ch)	INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY:	Teal Tolkulo ONSET AND DEATH
		pue to	0.04
		Condition if any which	Tal Palel
		gave rise to immediate DUETO	
		couse (a), stating the under- lying couse last.	(24 (119) - 6 as RO
	Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY
Į.	CATION	<u> </u>	PERFORMED? YES \(\square\) NO \(\square\)
	Ę	E 200. ACCIDENT WAS UNDERLYING [] 20b DESCRIBE HOW INJURY OCCURRED (Enter n	
	CERTIF	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	š	3 20c. TIME OF INJURY Month, Doy, Year 20d, INJURY OCCURRED 20e. PLACE OF IN	NJURY (Home, form, 20f (City ar town) (County) (State)
	WEDICAL	Hour o.m. While Not while factory, stree	et, office bldg., etc.)
	-		1919
		21. Certify that attended the deceased from / 7 \(\) \(\) \(\) \(\) \(\)	19, ta
		alive an	The state of the s
		ACTUAL DE PORTE DE LA CANA	ADDRESS (Street, city or town, state) DATE SIGNE
		SIGNATURE	- Derkens Dally
1		PHYSICIAN'S Robert R. HAH	med 5-16-5
	220.	220. BURIAL, CREMATION, REMOVAL (Specify) 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMAT	
		Burial 5-20-1959 Parkwood Cometery	Taylor Ave.Baltimore Co:Md.
		23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
		George J.Ruth, Inc 1735 Harford Avenue, Balt	to Middate MAY 20'59 arthur & Kraus

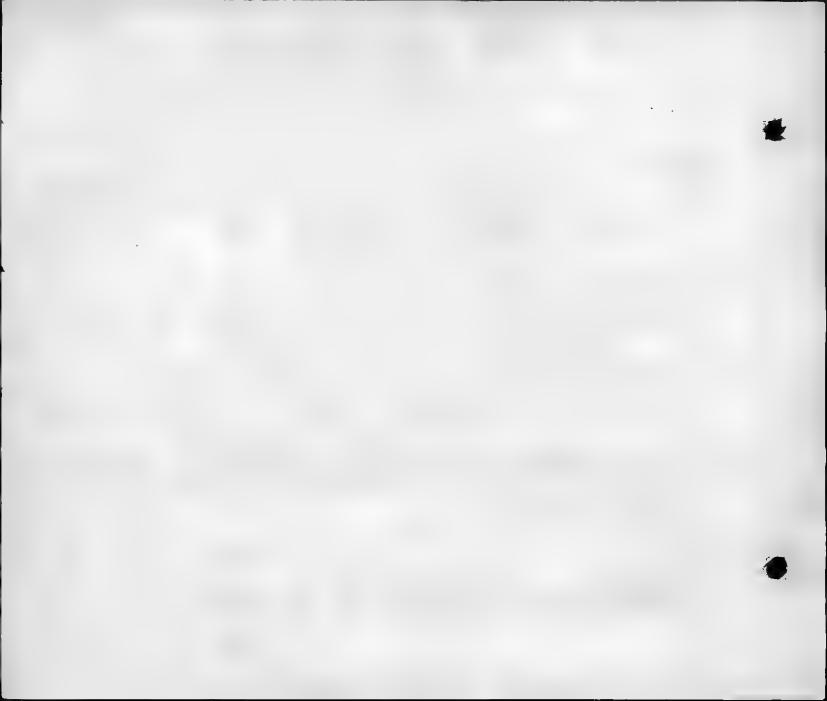
ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 D FUNERAL DIF OR: After this certificate has been signed by the attending physician and campletely filled in by page 3 should the petached for use as the burial-troussit permit. Then please remove carbon papers. Pages 1 and 2 the registrar prior to burial, cremation, in removal, and in any event within 72 hours affordeath. TO FUNERAL DIP VS A15 (4) TSM 10/57



Cirthun S. France

death certificate be requires that the 9 VS A15 (4)

24 hours ofter death. Page





VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5127 CERTIFICATE OF DEATH

5127

Reg. Dist. No. 5099

		COUNTY Cline Guliael	leceased lived. If institution Residence b. COUNTY GEL	before admission)								
	Ь	RURAL and give nearest town) G / Pu Purious	C. LENGTH OF STAY IN 16	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) GEL Obel CL PULL								
	0	NAME OF HOSPITAL (If not in hospital, give street or Institution DIAZA Mail)	" " " /	d. STREET ADDRESS		ON A FARM? YES AND						
	0	NAME OF First DECEASED Type or prior) First First	Middle	1/1/2/21/	DATE Month OF J /-	Doy Year /19						
	5 S	1/2, WIDOW	FD DIVORCED	9 27-02	5 6 ya	YEAR IF UNDER 24 HRS Doys Hours Min						
	1	USUAL OCCUPATION (Give kind of work done 106. dpring most of working life; even if retired) (4 VC) (LBT / VA / IRC (005)	KIND OF BUSINESS OR INDUS	ANTEqu	E ISLAND	B.W.Z -						
1		FATHER'S NAME 24 KNOWA			10104							
	{Yes.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16	2 P	ravi ticle.	1101 6. 2011	STrut Krel						
		18. CAUSE OF DEATH (Enter only one couse per li PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	ne for (0), (b), and (c).]	(+09/3 -	Methoris	INTERVAL BETWEEN ONSET AND DEATH						
		Conditions, If any, which (b)	: aucor	of hight	ter -							
		gave rise to immediate couse (a), stating the under-lying couse lost Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY										
5	CATION		CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL D	DISEASE CONDITION GIVEN IN PART	1(a) 19 WAS AUTOPSY PERFORMED? YES NO						
	Ÿ	OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRED	(Enter nature of injury in Port t	or Port II of Hem 18.)							
	MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. I Hour o. m. While p. m. 19 of wor	Not while fac	ACE OF INJURY (Home, form, 20 tory, street, office bldg , etc.)	of. (City or town) (Co	ounty) (Slote)						
		21. I certify that I attended the deceas		19 5 7, to 5 - accurred at 14 1) M.	27 19.2 7 that I lo	ist saw the deceased						
,		ACTUAL Felice file	rules 7		RESS (Street, city or town, state)	DATE SIGNED						
		PHYSICIAN'S LAPES C	Tain Brug	caeu1	un lice.							
	В	BURIAL, CREMATION, 226. DATE THEREOF CONTROL (Specify) 6-1-59	Mt. Auburn		LOCATION (City town, or county)	(State)						
	22 C	haries R. Lew 802 Wadi	ADORESS Son Avenue	24a. REC'D 8Y DATE JUN								



neral director, d be filed with

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

			5085	CERTI	FICAT	E OF [DEATH	l		Reg. Dist.	1,51	00
	o. COUNTY	ndel		MARY	11	USUAL RESI	rylan	ere deceased li	ved. If institution b. COUNTY	n: Residence	Arund	ission)
-1		f outside corporate limit	ts, write c. LE	NGTH OF STAY	IN 16				e limits, write RU	JRAL ond giv	e nearest to	wn)
L	Annancli	5				O Ar	napol	is				
	or institution Anne Aru	At (If not in hospital, 9 ndel Genera	ive street oddrei al Hospi	ital		d. STREET A		uit St	reet		ON	A FARMA
	NAME OF DECEASED (Type or print)	Fin LAU		Middle	НОІ	LADAY	st	4. DATE OF DEATH	MAY 22		Day	Year 1959
	5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIE	D 8 (ATE OF BIRTI	Н	9.	AGE (In years	IF UNDER 1		
	Female	White	WIDOWED 🏌	DIVORCE		Oct. 22	2, 1889		last bythday) 9 yrs.	Months D	oys Hour	s Min.
	during most of world House W	ting life, even if retired)		of Business of Home	R INDUSTR		ACE (Stole of		try}	12. CITIZI	USA	AT COUNTR
H	3. FATHER'S NAME				1	4. MOTHER'S	MAIDEN N	AME				
L	Willi	am A. Hal	11			Elia	za Dow	nton				
1	S. WAS DECEASED EVE	R IN U. S ARMED FOR		AL SECURITY NO	17. INFC	RMANT			Addr	ess		
L			_		Mrs	W1111	Lam Da	rkey-Da	aughter-	- same	as #	2
Ī	18. CAUSE OF DEA	TH [Enter only one co	use par line for	(o), (b), and (c).	^		h.			1	INTERVAL	
-	PART I, DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (6)		1 Clu	mus	. Va	24			1	ONSET AN	ID DEATH
1	.a.	DUE 10				7	9					
1	Conditions, if a	ny, which) (b)	K	eur	0	An	. 2.	118				
ı	gove rise to it	mmediate (Due To				7						
ı	lying couse lost.	(c)	}									
	PART II. OTH	HER SIGNIFICANT CON		RIBUTING TO DEA	TH BUT NO	T RELATED TO	THE TERMIN	NAL DISEASE C	ONDITION GIVE	EN IN PART 1	PER	S AUTOPSY FORMED?
		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER	20b. DESCRIBE	HOW INJURY OF	CCURRED. (nter noture o	finjury in P	ort I ar Port II	of item IB.)			
	20c. TIME OF INJUR Hour e. m. p. m.	Y Month, Day, Yea	While I	OCCURRED Not while ut work	20e. PLACE factors	OF INJURY (Home, form, bldg., etc.)	20f. (City or	lown]	(Cox	unty)	(State)
	21. I certify th	at Lattender the	deceased fr	om	/1	19.5	T. 10	1-51	221953	that I la	st saw th	e deceas
1	alive on	5/201	18 57	ond that	death a	curred at	12-	M. from I	he causes a			
	ACTUAL SIGNATURE	M	hus	the	() M.D				et, city or town, s			PATE SIGN
	PHYSICIAN'S NAME (Type)	Stewart C	hristhi	lf MD		69 F	rankli	n Stre	et, An	napoli	s, Mai	ryland
7	20. BURIAL, CREMATIO	N. 22b. DATE THEREO	F 22c.	NAME OF CEME	TERY OR C	REMATORY		22d. LOCATIO	N (City, town, o	r county)	(SI	ote)
	Burial	May 25, 19	959 H	illcrest	Memo	rial C	emeter	y A	nnapolis	s, Mar	yland	
3	FUNERAL DIRECTOR	S SIGNIATURE -	1	ADDRESS			24a REC'D	BY REGISTRA	R 24b REGIS	TRAR'S SIGN	ATURE	
1	THE THE	76 1. 4 3	7/1/		2.0		ARRY	2 6 150	0.5	Lun 8 16	2012	

may be retained in the haspital or altending physician.

TO FUNERAL DIF DR: After this certificate has been signed by the attending physician and campletely filled in by page 3 shauld Le detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 the registrar prior to burial, cremation, ar remaval, and in any event within 72 hours offer-death. TO HOSPITAL OR VS A15 (4) 15M 10/57

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4



FOR STATE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

05101

PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution- Residence before admission) o. COUNTY SACOUNTY Same Appe Agundel MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Same Odenton Life d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 209 Marco King Malcom Ave. Same YES NO T 3. NAME OF Middle Lost 4 DATE Month Year DECEASED OF (Type or print) James C. Hutton DEATH 19 59 May 3lst. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED & B. DATE OF BIRTH 5. SEX 9. AGE tin years IF UNDER TYPAR IF UNDER 24 HRS Months Doys Hours Min. WIDOWED [DIVORCED 100. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHFLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) None Fort Meade Hosp.Md. USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Thomas F. Hutton Kazuko Watanaba 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address IYes no, or unknown) (if yes, give war at dates of service) No None Parents. 18 CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: Aspiration of vomitus. Sudden IMMEDIATE CAUSE (o) **DUE TO** Conditions, if ony, which gove rise to immediate couse DUE TO (o), stoling the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1101 19. WAS AUTOPSY PERFORMED? YES | NO T 200. EXTERNAL CAUSE WAS PRIMARY To CONTRIBUTING CAUSE OF DEATH. 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Part II of Item 18.) 20c. TIME OF INJURY Month, Doy, Year 20d, INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 120f, (City or town) (County) (State) factory, street, office bldg., etc.) Hour o.m. While Not while ol work of work p. m. 2). I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry A. and in my opinion death resulted from: Natural couses ... Accident . Suicide . Homicide . Undetermined manner ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER EXAMINER'S Gustave H. Faubert, M.D. DEPUTY MEDICAL EXAMINER TY NAME (Type) 220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) Burial Lington Nationa Arlington 23. FUNERAL DIRECTOR'S SIGNATURE 24o. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

Mirkley

Glan

Burnie, Md.

VS. A15ME 5M 2/57

TO HOSPITAL OR ATTENBING "HYSICIAN: The low requirem that the death mutificate be executed within 2 haurs ofter death. These 4 funeral director, build be filed with may be retained by the haspital ar attending physician.

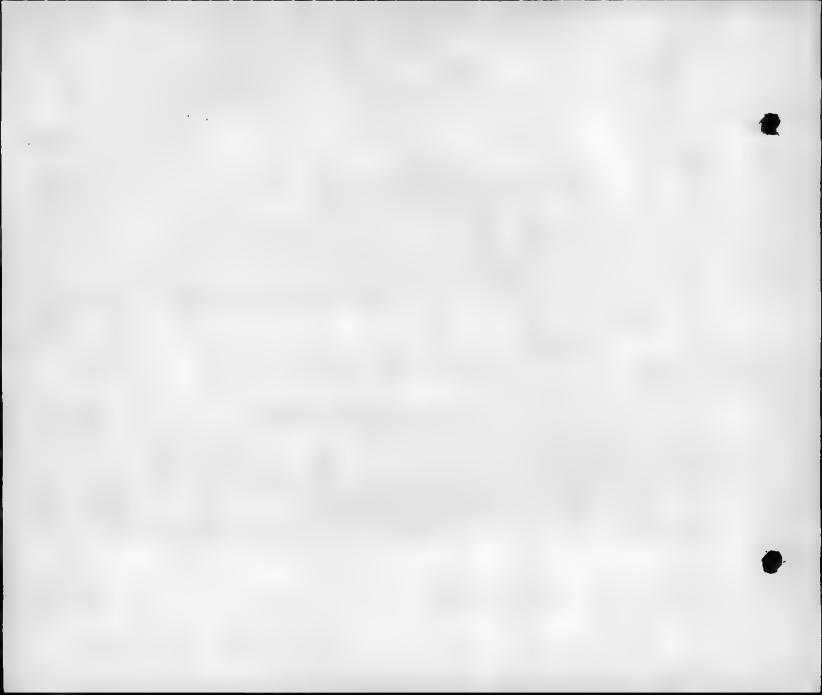
TO FUNERAL FOR: After this certificate has been signed by the attending physician and campletely filled in by page 3 shaul detached far use as the burial-transit permit. Then please remaye carban papers. Pages 1 and the registrar prior to burial, cremation, ar remayal, and in any event within 72 hours after death. VS ATS (4) 1SM 9/SS

H

	5129 CERTIFICA	ATE OF DEATH	Reg. Dist. No. 05102
	1. PLACE OF DEATH 6. COUNTY ANNE ARUNDEL MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If inst o. STATE b. COU	
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) FREADENA 25 41 6	c. CITY OR TOWN (If outside corporate limits, with ASADENA	te RURAL and give nearest fown)
	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION BEECHUOD RD. RTE	BEECHWOOD Rd-1	PIE VESTON A FARMY YES NO S
		INSON DEATH	Month Doy Year 28 1959
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED WIDOWED DIVORCED 100. USUAL OCCUPATION (Give kind of work done) 106. KIND OF BUSINESS OR INDU		pors IF UNDER I YEAR IF UNDER 24 HRS DY) Months Days Haurs Min. 12. CITIZEN OF WHAT COUNTRY?
Y	during most of working life, even if retired) CTIGED ARGORES CHEMICAL CO	443	U.S. A
/	UNIGNEWN	DANE	Address
:	(fee, no ar unknown) (if yet, give wor or dates of service) 18. CAUSE OF DEATH [Enter anly one cause per line for (a), (b), and (c)]		PASADENA MO
1	PART I. DEATH WAS CAUSED BY: Corebral	Kemorrhage	ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate DUE TO	i cardio-vascular chi	nane 5 years.
	lying couse lost. (c) Hyperleusees	a, essential NOT RELATED TO THE TERMINAL DISEASE CONDITION	GIVEN IN PART HOHTP, WAS AUTOPSY
)	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT TO ACCIDENT WAS UNDERLYING 7206 DESCRIBE HOW INJURY OF CURRE	Jeniga Rostite Lypes D (Enterphoture of injury in Port I or Port I of tem 18	PERFORMED? YES NO DE
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 3 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form, 20f. (City or town)	(County) (State)
	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED to the point of work to the point o	ctory, street, office bldg., etc.)	7, that I last saw the deceased
		occurred at 10:351M, from the cause	
1	ACTUAL SIGNATURE REGISTER M. Mc Laughline	M.D. KFO8BN442 Pasas	dena, Med. May 28.18
	NAME (Type) 220 BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 220 NAME OF CEMETERY OF CEME	OR CREMATORY 22d. LOCATION (City, to	wn, ar county) (Stole)
(DURIAL SIDECTOR'S SIGNATURE ADDRESS ADDRESS	and the	PROSTRAR'S SIGNATURE
	Marsharet. Hayer 655N. 41/mor ST	DATE JUN 1 '59	Circhar S. Thomas

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18





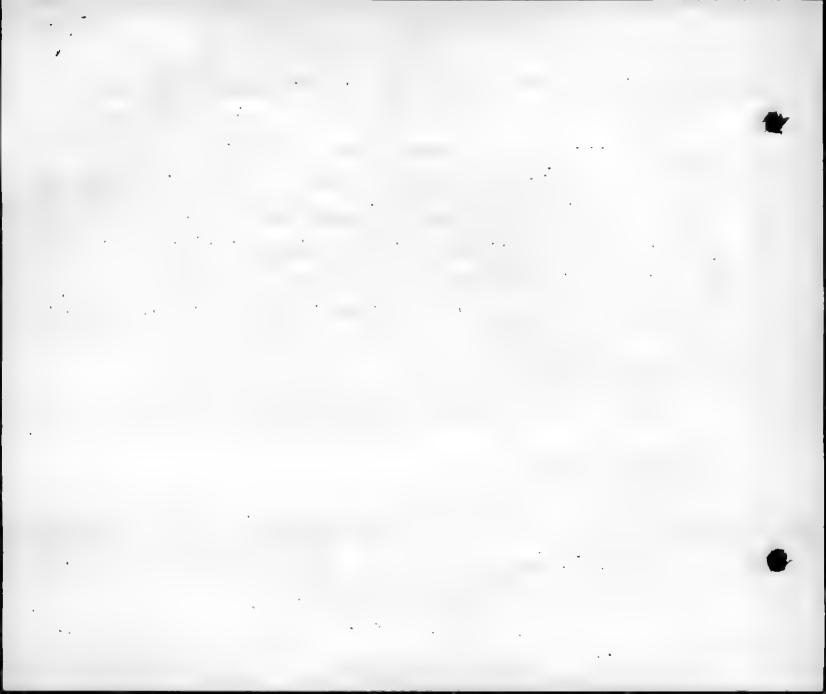
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



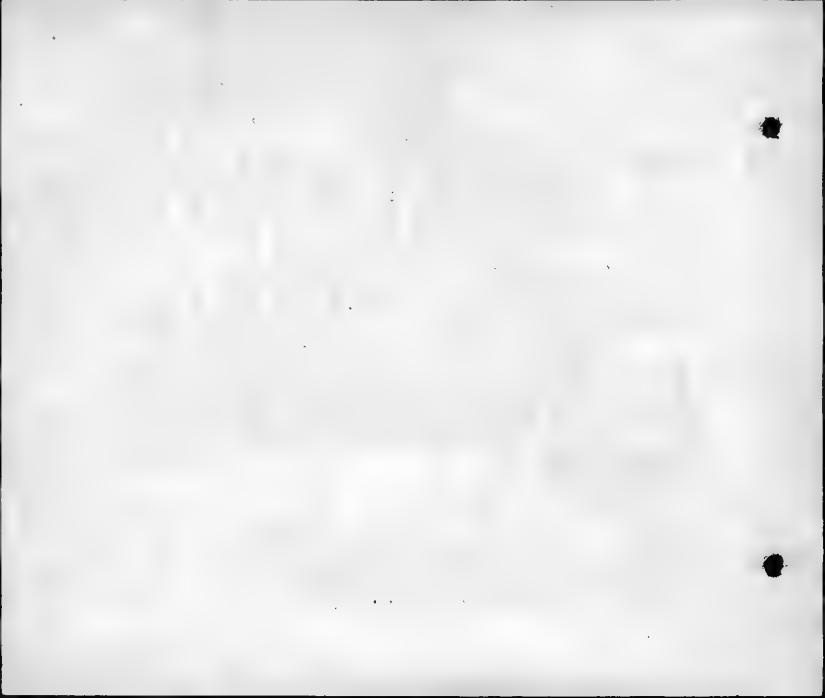
ŏ



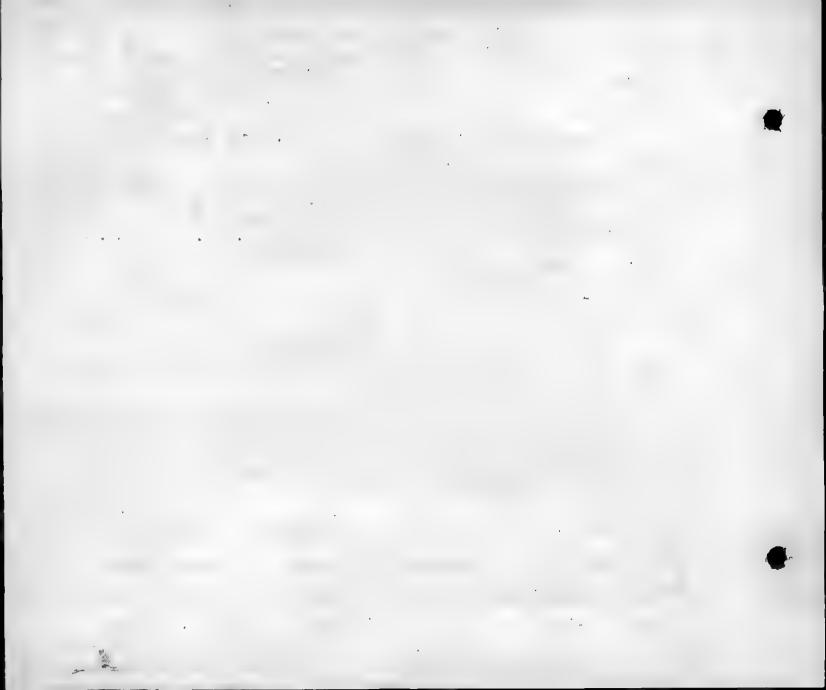
certificate be



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE Reg. Dist. No. HEALTH DEPT. 5130 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admiss on) p. COUNTY our files. of Health, b. COUNTY MARYLAND Anne Arundel Berlin. Md. Wicomico b. CITY OR TOWN (If outs de corporate limits, write BURA, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) end give negres! fown! مر مر Jessup 3 months Rerlin d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARMS delay is ne funeral retained be State Bo Maryland House of Correction Hospital YES NO 40 NAME OF Lost 4 DATE Month Year DECEASED (Type or print) Mav 19 59 Lee Link DEATH Harvey 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (in yours 8 DATE OF BIRTH FUNDER TYEAR IF UNDER 24 HRS fout birthday) 3/21/30 Months Doys Hours Male Colored | WIDOWED | DIVORCED 29 yrı. 180. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Farm Florida USA Laborer 13. FATHER'S NAME Poges n PM3. poges 14. MOTHER'S MAIDEN NAME Arice (Sonny Boy) Ida Mae McGee Ε File File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address guo Md. House of Correction Records No fong 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: Pulmonary thrombo-embolism IMMEDIATE CAUSE (6) Ö 465 DUE TO Conditions, if ony, which gove rise to immediate couse **DUE TO** (o), stoting the underlying cours fost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? Diabetes mellitus NO T 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) 20o. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 120f (City or town) (County) (Stote) foctory, street, office bldg , etc.) Hour While Not while ന of work of work p. m. 21. I certify that I took charge of the remains described above, held on Autopsy [20], Inspection [7], and in my rded opinion death resulted from: Natural causes Accident . Homicide , Undetermined manner Suicide ... MEDIC ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE 5/2/59 ASSISTANT MEDICAL EXAMINER X Should L FUNERAL **EXAMINER'S** Charles S. Pezts M.D. DEPUTY MEDICAL EXAMINER | NAME (Type) 22c NAME OF CEMETERY OR CREMATORY, 22d LOCATION (City, town, or county) 220 BURIAL CREMATION, 22b, DATE THEREOF (Stote) REMOVAL (Spenify) 40 FUNERAL DIRECTOR 24o. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE 5M 2/57 DATE MAY arthur & Dine



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. HEALTH DEPT 5090 PLACE OF DEAP 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence refore admission) o. COUNTY b COUNTY MARYLAND b. CITY OR TOWN (If outside corporate house, write RURA) c LENGTH OF STAY IN 16 c CITY OR TOWN (If outs'de corporate limits, write PURAL and give neorest town) MNAFOLIS d. STREET ADDRESS OR INSTITUTION IS RESIDENCE (If not in hospital, give street oddress) ON A FARA YES T NO NAME OF Middle DATE Doy DECEASED (Type or print) 5. SEX 6 COLOR OR RACE 17. MARRIED B DATE OF BIRTH 9. AGE (In years IF JNDER TYPER IF UNDER 24 NEVER MARRIED Months Days Hours M WIDOWED I DIVORCED [7] Uyes. 100. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if refired)

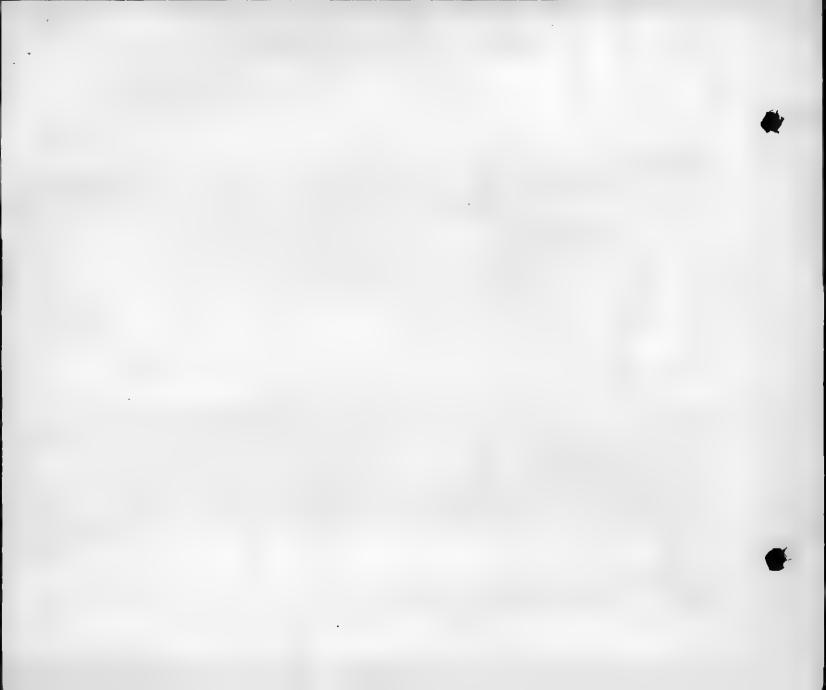
IFLEPHONE () SOLDE. OLDER 12. CITIZEN OF WHAT COUNTRY? USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME pages 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIÁL SECURITY NO. 17. INFORMANT 18 CAUSE OF DEATH [Enter only one cause per line for (o), (b), onde(c) IND DEAL RETWEEN PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 4344 **DUE TO** Conditions, if ony, which (b) gave rise to immediate couse **DUE TO** (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19. WAS AUTOPSY PERFORMED 20a. EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part L or Part II of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Doy, Year 20d, INJURY OCCURRED 20e PLACE OF INJURY (Home, form, i 20f. (City or fown) (County) (Stote) foctory, street, office bldg., etc.) While Hour o. m. Not while of work of work p. m. 21. I certify that took charge of the remains described above, held an Autopsy [Inspection . ond in my Inquiry . opinion death Natural Rouses Accident Suicide [7] Homicide . Undetermined manner DATE SIGNED SIGNATULE CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER. **EXAMINER** NAME (Type) DEPUTY MEDICAL EXAMINED 220. BURIAL CREMATION, 1226 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, fown, or county) (Stote) REMOVAL (Specify) LINEDLN EMETERI RINCE ADDRESS 740. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE DATE JUN 1 A15ME Circhier S. Through 5M 2757



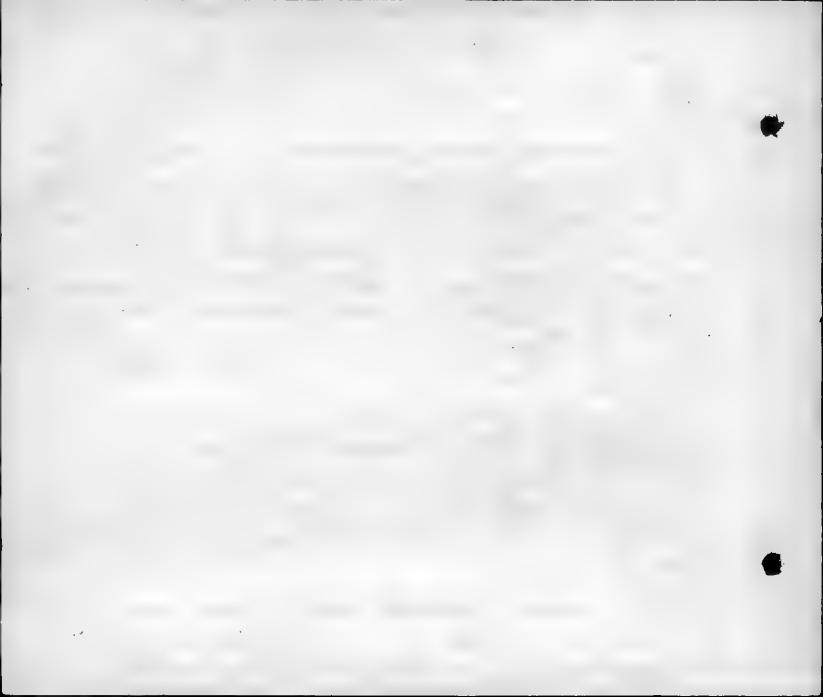
VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05110 Reg. Dist. No

1. PLACE OF DEATH o. COUNTY		2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)					
$\triangle AA$	MARYLAND	o. STATE 6 COUNTY					
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)					
Tole n Burnel	_	1. Glen	BUD.	nie.			
d NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION	oddress)	d. STREET ADDRESS	0		e. IS RESIDENCE ON A FARM?		
10 OAT	Lane	10001	Luc		YES NO D		
3. NAME OF First	Middle	Lost	4. DATE OF	Month	Day Yeor		
(Type or print) (hARA	A. M	c Cracken	DEATH	5-1	1- 19 59		
5. SEX 6. COLOR OR RACE 7. MARRI	IED NEVER MARRIED	B. DATE OF BIRTH	9. AG	for a florida and	YEAR IF UNDER 24 HRS		
WIDOWE		Sept 5-18	70 8	birindoy) Months C	Pays Hours Min		
10a. USUAL OCCUPATION (Give kind of work done 10b. I during most of working life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stole	or foreign country)	12 CITIZ	EN OF WHAT COUNTRY?		
No o sewife		VIRG1	NIA				
13 FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	2			
William Pertin	2	Sarah	$\epsilon \in C$	hreatil			
15. WAS DECEASED EVER IN U. S ARMED FORCES? 16 1	SOCIAL SECURITY NO 17 1	NFORMANT	. 1	Address			
N D -	-	Mrs Flore	nee Hoo	DON 100A	I have the		
18 CAUSE OF DEATH [Enter only one couse per lin	e for (o), (b), and (c).]	17		`	INTERVAL BETWEEN		
PART DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)	welnous	e Of le	Will B	Jedel	ONSET AND DEATH		
153.7 DUE TO D	1.0	100	1,	0	1-7		
Conditions, if any, which)	peating	Trans	thage	O) Bours	1 9-10 Gm		
gove rise to immediate couse (a), stating the under.	/			2	/-		
lying couse lost. (c)				U			
PART II OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CON	DITION GIVEN IN PART	I(o) 19. WAS AUTOPSY		
PART II OTHER SIGNIFICANT CONDITIONS CO					PERFORMED?		
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURRE	D (Enter noture of injury in	Port I or Port II of i	tem 18.)			
		ACE OF INJURY (Home, form	, 20f. (City or tow	(Co	uniy) (Stole)		
Hour o.m. While of work		July, sireer, office blog., arc					
21. I certify that lattended the decease	ed from	1048 to 3	111/59	19 that I la	st saw the deceased		
111 166	, and that death	occurred at 12 140	the fram the	-,			
E.C. I	, , , , , , , , ,	TOTAL TOTAL	ADDRESS (Street, ci		date stated above.		
SIGNATURE (has - L - D	all d.	un Lant	hi con	m mot.	5/11/59		
		W.V .adda.taiaiaiai					
PHYSICIAN'S NAME (Type)							
220. BURIAL, CREMATION, 226. DATE THEREOF	22c NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (C	ity, town, or county)	(Stote)		
REMOVAL (Specify) 5-14-59	Louden	PK Cem	Botto	14 D	(Sidile)		
23 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		D BY REGISTRAR	24b. REGISTRAR'S SIGN	IATURÉ		
mc Cully Funeral Homes	150€,701	DATE MA		arthur L 1			



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



1SM 9/SB

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

05112

IS RESIDENCE

ON A FARM?

YES T NO T

Yeor

195

Hours

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO TO

> > (State)

(Stote)

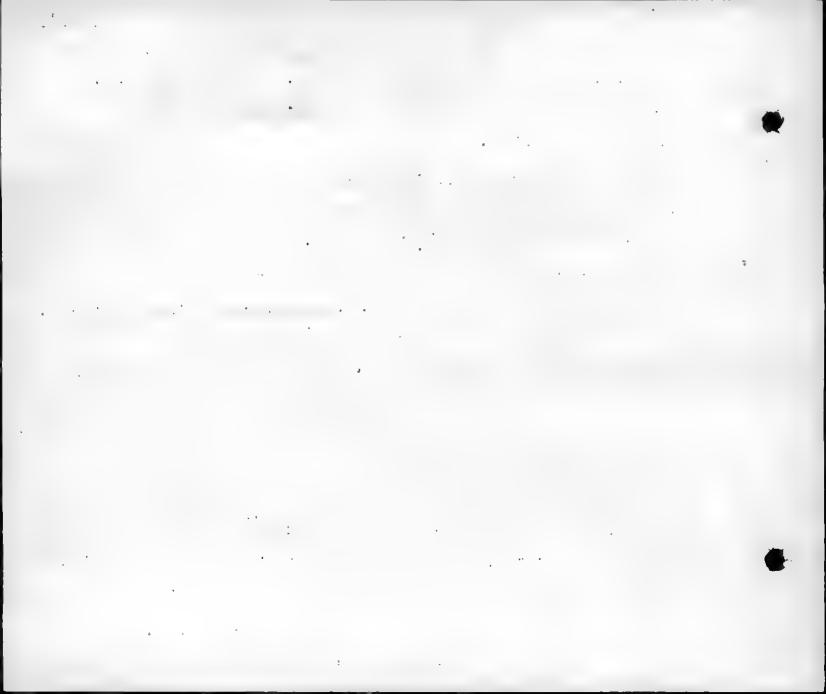
" Mullet

12. CITIZEN OF WHAT COUNTRY?

Days

#10

(County)



AARY	LAND	STATE	DEPA	RTMEN	NT OF	HEALTH-	BALTIMORE, 1	8
	Item	a l F	i to be	242 5-	11-5	9 et	•	

05113

5133 CERTIF	ICATE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH O. COUNTY MARYL	2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) a STATE b. COUNTY
b. CITY OR JOWN (If autside carporate limits, write RURAL ond give nearest town) Severn	to & permer and in
d. NAME OF HOSPITAL (If not in haspital, g ve street address) OR INSTITUTION At home	distreet ADDRESS A MITTING A CITY ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) (1/2; (2:5) W. Middle	1 1 Last of DATE Manth Doy Year 9 19 9
S. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED DIVORCED	1 June 4-18; last birthday Manths Days Haurs Min
10a. USUAL OCCUPATION (Give kind of wark dane 10b. KIND OF 8USINESS OR during most of warking life, even if relifed)	16 Peransus 12 USC
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME PIRVITUACELLAN
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Tex. no., or unknown) [If yes, give war or darks of service]	Bertha w millard Alven md
18. CAUSE OF DEATH [Enter only one cause per line far (a). (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). DIJE TO	Accident Interval Between onser and Death 2 days
Canditions, if any, which gave rise to immediate cause (a), stating the under-lying cause last. DUE TO (b) / Anana/12od DUE TO	Arterio sclaveris 10 years
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEAT	H BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS ALTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CURRED, (Enter nature af injury in Part I ar Part II of item 18.)
20c. YIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Haur a. m. P. m. 19 While at wark all wark	10e. PLACE OF INJURY (Home, farm, 20f. (City ar lawn) (Caunty) (State) factory, street, affice bldg., etc.)
21. I certify that I oftended the deceased from GCT alive an April 2 , 1959, and that a	leath accurred at 11.50 AM, from the causes and on the date stated above.
SIGNATURE Shand 9 Chemits	ADDRESS (Street, city or lown, stole) DATE SIGNED M.D. 6 Ambrills 7718 5-4-59
PHYSICIAN'S NAME (Type)	
220 BUR AL, CREMATION, 221 DATE THEREOF 22c. NAME OF CEMES REMOVAL (Specify)	taray Climby Kilden Hary Ila / Xem Mix
23. FUNERAY DIRECTOR'S SIGNATURE TIME BODRESS BY	me med 240 rec'd by registrar 246. registrar's signature DATE MAY 6 '59 Orthur & Kraus

arthur & Krous

VS A1S (4) 1SM 9/58

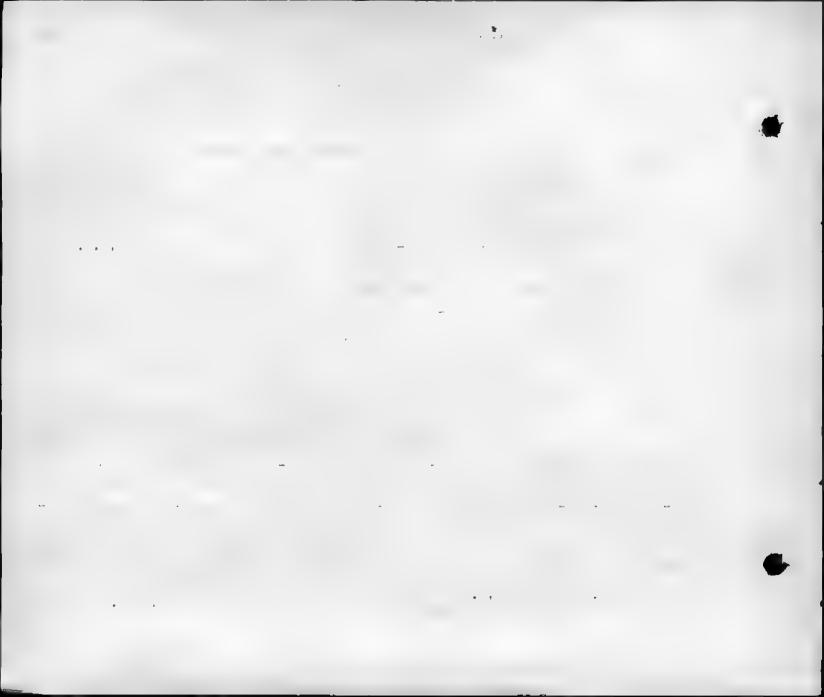


ADVIAND CTATE	DEDA DEALERIE OF	DIEALTH DAIRINAGE	
AKTLANU SIAIE	DEPARIMENT OF	HEALIH-BALIIMORE	. 18
1004 10	TI 1116242 15-11	HEALTH-BALTIMORE	,
W 4 4 4 4			

5134 CERTIFICATE OF DEATH

Reg. Dist. No. U5114

o. COUNTY	Arundel		1000	YLECTII.	2. USUAL RESIDENCE (W o. STATE Maryland	here decease	d lived. If instituti b COUNTY	on Residence Baltin	before o	odmission) C4 +vr)
b CITY OR TOWN	(If outside corporate limit	s, write	c. LENGTH OF STAT	Y IN 1b	c. CITY OR TOWN (If	outside corpo	prote limits, write F	URAL and ai	ve negres	I fown)	· A
RURAL ond give Crowns			9Y,11M.2	oD.	Baltimore		3	V	ga shipe		á"
d. NAME OF HOSE OR INSTITUTION	PITAL (If not in hospital, g	ve street o	ddress)		d STREET ADDRESS				e. I	IS RESIDE	ENCE
Crownsville State mospital					937 McDon	ald S	reet			ON A FA	
3. NAME OF First Middle					Losi	4. DATE	Mon	ıth	Doy	Yeo	25
(Type or print)	Geor	ee.			Moody	DEATH	5		8	19	
S. SEX	6. COLOR OR RACE		D NEVER MARR	IED 🗍	B. DATE OF BIRTH		9. AGE (In years	IF UNDER 1			P 10
Male		WIDOWED			11/7/1870		lost birthday)	Months [Doys H	lours	Min.
On. USUAL OCCUPAT	ION (Give kind of work of	ione 10b. K	IND OF BUSINESS	OR INDUS	TRY 11 BIRTHPLACE (Stole	or foreign o		12. CITIZ	EN OF V	WHAT CO	DUNTRY
Unemple	orking life, even it refired)			_	Virgin			71	S.A		
3. FATHER'S NAME	7,704				14. MOTHER'S MAIDEN I				.U.A	•	
Gilbert	+ Mooder						rom.	e't			
	VER IN U. S. ARMED FOR	ES7 16. S	OCIAL SECURITY NO	D 117. IF	Elvira FORMANT	bnelt	Add	ress			
[Tes. no, or unknown]	(ill yes, give wor or dates of se	Price)	- Constitution of the cons				AUG				
Unknown	Fame for a second		4 4 3 4 3 4 3		<u>Hospital_Rec</u>	oras			1		
	EATH [Enter only one con EATH WAS CAUSED BY:	se per line							ONSET	INTERVAL BETWEEN ONSET AND DEATH	
	IMMEDIATE CAUSE (o)		Bronch	opneu	monia				5	days	
49/X	DUE TO										
	Conditions, if ony, which (b) gave rise to immediate										
couse (o), statin-	g the under- DUE TO										
	lying couse lost. (c)										
PART II. O C) 20g. ACCIDENT V OR CONTRIBUTION (IF EITHER, NOTIF	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19								1(a) 19 V	WAS AUT	COPSY SED?
S Ch					ed with Arter					S N	
OR CONTRIBUTION	IG LI CAUSE OF DEATH L	20b. DESCI	RIBE HOW INJURY C	OCCURRED	(Enter nature of injury in	Port I or Por	t II of item 18.)				
	Y MEDICAL EXAMINER	•••	-				_		-		
20c. TIME OF INJU			URY OCCURRED	20e. PL/	CE OF INJURY Home, form	n, 20f. (City	er town)	{Ce	ounty)		(Stote)
Hour o, m.	10	While of work	Not while	100	tory, street, office bldg., etc	-	-		-		_
	that Lattended the	dacaara	1 from 5/11	8/49	10 to	5/8	10.50	AL A L L		41	
alive an	21. I certify that I attended the deceased from 5/18/49 , 19 , ta 5/8 , 19.59 , that I last saw the deceased glive an 5/8 , 19.59 and that death occurred at 5800A M from the course and at the deceased										
diffe dil	alive an 5/8, 19.59, and that death occurred at 5:00A.M, fram the causes and an the date stated above										
ACTUAL THE LEGISTRAL . COMMUNICATION .								DATE	JORE		
SIGNATURE	1	1			M.D. CIOWINSV.	TTTA*	STORY ATTRIBUTE				
PHYSICIAN'S NAME (Type)	L. Benedic	t, M.	D		O	477 - 0	Shaha TT-	. 363		= /	70/
	ON, 226. DATE THEREO		22- 24-45		Uromay		tate Hos		<u> </u>	2/.	14/
REMOVAL (Specific	4 5/12/5	2	UNIV.	MI	> Med School	I TO A	LTO,	or county)		(State) -	D .
FUNERAL DIRECTO	T'S SIGNATURE		ADDRESS		240 REC'	D BY REGIST	RAR 24b REGIS	TRAR'S SIGN	IATURE	1/	
1000	cece 29,	100	(lina)	BAK. Co	DATE	2/14/	59 Uni	Truer.	1.0	Nrac	es
		5	-					-			105



1	1
deoth cerificote be executed within 24 hours after death. Page 1	thending physician and campletely filled in by coneral director,
death.	uneral director
of the	
hours	in by
IID 24	filled
#ix p	oletely
recute	camp
be e	מם ענ
lificote	Itending physician and campletely filled in by
th cert	ding p
deo	Henc

6

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 PLACE OF DEA

05116

	5135 CERTIFICATE OF DEATH Reg. Dist. No.												
1.	PLACE OF DEATH o. COUNTY Anne Am			DE SELECT		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o STATE b. COUNTY Maryland Prince George's							
	b. CITY OR TOWN (If RURAL and give new	outside corporate timi arest town)	s, write	c. LENGTH OF STAY		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cedar Heights							
-	d NAME OF HOSPITA	ille	ive street	4 yr. 21	CLEL.	d STREET AD	,	gnra				e, IS RES	IDENICE
	d, NAME OF HOSPITA OR INSTITUTION	ille Stote	Hoan	d + o 7				Stree	t			ON A	FARM?
Crownsville State Hospital 3. NAME OF First Middle						Lost	U CLJ I	4 DATE		41			
	DECEASED (Type or print)	Nels	on			Moore		OF DEATH	Mon		30		Year 19 59
5.	SEX	6. COLOR OR RACE	7 MARE	RIED 🔼 NEVER MARRIE	D 🗆 🖪	. DATE OF BIRTH			9. AGE (In years last birthday)	IF UNDE Manths	R 1 YEAR Doys	IF UNDE	R 24 HRS. Min
	Male	Negro	WIDOWI	*****		?			54 yrs		50%	110013	291171
100	USUAL OCCUPATIO during most of worki	N (Give kind of work on ng life, even if retired)	lone 10b.	KIND OF BUSINESS O	R INDUS				ountry)	12.CI			OUNTRY?
	Laborer			-	800	Ma	aryla	nd			U.S	•A•	
13.	FATHER'S NAME					14. MOTHER'S A	AAIDEN N	AME					
	Unknown					Unl	movm						
1\$. (Ye		IN U. S. ARMED FOR		SOCIAL SECURITY NO.	. IN	FORMANT			Add	ress			
	No					Hospita.	l Rec	ords	_				
	18. CAUSE OF DEAT	TH [Enter only one ca	use per li	ne for (a) (b), and (c)-]							INTI	RVAL BE	TWEEN
	PART I. DEATH WAS CAUSED BY: Aspiration Bronchopneumonia ONSET AND DEATH												
	148× DUE TO												
	Conditions, if ony, which) (b) Cancer of Pharynx												
		ise to immediate DUE TO											
	lying couse lost.) (c											
CERTIFICATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTOP PERFORMED? YES NO								RMED?				
TFF	20a. ACCIDENT WAS	UNDERLYING [20b. DES	CRIBE HOW INJURY OF	CCURRED	(Enter noture of	injury in Po	ort I or Por	t 11 of item 18.)		-	-	
CER	OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)		_		_			_			_	
CAL	20c. TIME OF INJURY	Month, Doy, Yes	r 20d. 11	NJURY OCCURRED	20e. PLA	CE OF INJURY (H	ome, form,	20f (City	or town)		(County)		(State)
WEBICAL	Hour a.m.		While at wor	Not while	foct	ory, street, office	bldg., etc.)						_
2					5/0	1255		5	/30 .59				
		at Lattended the	deceas		212		. ta	A .	the causes an				eceased
	alive on		_, 1½	and that	death	accurred at_			the causes an treet, city or town,		e date		l abave E SIGNED
	ACTUAL A	needer	My			0					Ma	-	11/50
	SIGNATURE	1		7	N	LD. Crown	ISATTI	re pre	ate Hospi	Tall	BIQ.	0/	.4/.22
	PHYSICIAN'S NAME (Type)	. Benedict	, М.	D.		Crown	svill	le Sta	ate Hospi	tal,	Md.	6/	4/59
220	BURIAL, CREMATION REMOVAL (Specify)	1, 22b. DATE THEREC	5-9 v	V. of Ished	TL VEST	Jal-	1	22d 10CA	TION (City, lown,	or county)	1	(Stot	e)
23.	FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS			24g, REC'D	BY REGIST	RAR 24b. REGI	STRAR'S 5	IGNATU	RE	
(1/20 15	1.8.5 /	1				DANJUN			hug &	4		
-	The first has	1.5.3 6 //							1	~~~~	Though		

VS A15 (4) 15Ⅲ 9/58



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 certificate of DEATH Reg. Dist. No. director, hours after death. Page 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY filed o STATE b. COUNTY MARYLAND eral b. CITY OR TOWN (If outside corporate limits, write be c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) RURAL and give negrest town) 12K5V1 d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION = NAME OF Middle 4. DATE First Lost Manth DECEASED within 24 Pages (Type or print) DEATH 5 SEX 6. COLOR OR RACE IF UNDER 1 YEAR IF UNDER 24 HRS MARRIED TI NEVER MARRIED TI B. DATE OF BIRTH 9. AGE (In years last by that by Months on papers. WIDOWED [7] DIVORCED [10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) gud LOUSELDAN 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME certificate WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). **DUE TO** Conditions, if ony, which (b) signed gave rise to immediate **DUE TO** cause (a), stating the underlying cause last. buriol-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part t at Part til of item 18.) 20c TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Hame, form, 20f. (City or town) factory, street, affice bldg, etc.) 20d. INJURY OCCURRED Hour o.m. While Not while at work at work p. m. 21. I certify that I attended the deceased from www. ____ 1925 Linat I last saw the deceased and that death accurred at _/M, fram the causes and an the date stated above. alive an 3 ADDRESS (Street, city ar, town, state) DIR P. NAME (Type)

3 should FUNERAL 0

VS A15 (4) 1SM 10/57 220 BURIAL CREMATION, 225. DATE THEREOF

REMOVAL (Specify)

23 FUNERAL DIRECTOR'S SIGNATURE

22c. NAME OF CEMETERY OR CREMATORY

ADDRESS

22d LOCATION (City, town, or county)

(State)

e IS RESIDENCE

ON A FARM? YES NO NO

Year

19

Hours

INTERVAL BETWEEN ONSET AND DEATH

veel 164 deces

PERFORMED? YES NO R

(State)

DATE SIGNED

12. CITIZEN OF WHAT COUNTRY?

Days

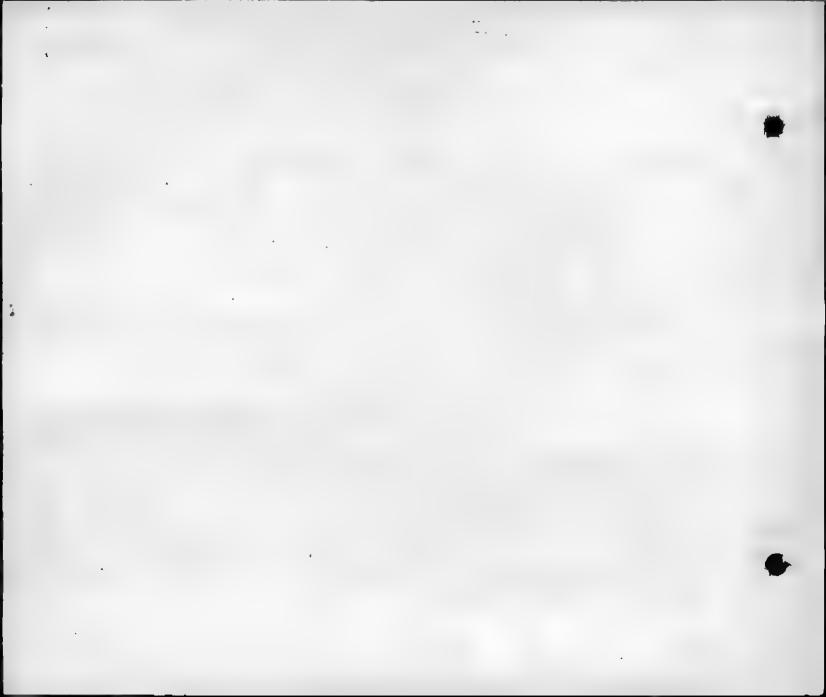
(County)

REC'D BY REGISTRAR

24b REGISTRAR'S SIGNATURE

DATE MAY 6

arthur & House



haurs ofter death. Page

within 24

certificate be

that the death

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



VS A15 (4) 15M 9/55 V

ARYLAND	STATE	DEPARTMENT	OF	HEALTH-BALTIMORE,	18

N

05118

,	5139 CERTIFICATE OF DEATE	Reg. Dist. No.
	1. PLACE OF DEATH 1 a. COUNTY MARYLAND 2. USUAL RESIDENCE (W. g. STATE M. J.	these deceased lived. If institution: Residence before admission) b. COUNTY
	RURAL and give nearest fown)	outside carporate limits, write RURAL and give nearest tawn)
5	d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION AUX MUXSUA HOME	B. IS RESIDENCE ON A FARM? YES NO DE
	3 NAME OF DECEASED (Type or print) Harry Luden Norsia	4. DATE OF Manth Day Year DEATH MAY 2 195-9
	5. SEX 6. COLONIOR RICE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH Made Wille WIDOWED DIVORCED April 25 18	9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HR). 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HR). 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HR). 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HR). 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HR). 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HR). 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HR). 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HR). 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HR). 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HR). 9. AGE (In years If UNDER 1 YEAR IF UNDER 24 HR). 9. AGE (In years If UNDER 1 YEAR IF UNDER 24 HR). 9. AGE (In years If UNDER 1 YEAR IF UNDER 24 HR). 9. AGE (In years If UNDER 1 YEAR IF UNDER 24 HR). 9. AGE (In years If UNDER 1 YEAR IF UNDER 24 HR). 9. AGE (In years If UNDER 1 YEAR IF UNDER 24 HR). 9. AGE (In years If UNDER 1 YEAR IF UNDER 24 HR). 9. AGE (In years If UNDER 1 YEAR IF UNDER 24 HR). 9. AGE (In years If UNDER 1 YEAR IF UNDER 24 HR). 9. AGE (In years If UNDER 1 YEAR IF UNDER 24 HR). 9. AGE (In years If UNDER 1 YEAR IF UNDER 24 HR). 9. AGE (In years If UNDER 1 YEAR IF UNDER 24 HR). 9. AGE (In years If UNDER 1 YEAR IF UNDER 24 HR). 9. AGE (In years If UNDER 1 YEAR IF UNDER 24 HR). 9. AGE (In years If UNDER 1 YEAR IF UNDER 24 HR). 9. AGE (In years If UNDER 1 YEAR IF UNDER 24 HR). 9. AGE (In years If UNDER 1 YEAR IF UNDER 24 HR). 9. AGE (In years If UNDER 24 HR). 9. AGE (In years
	CAYPENTER (retired) Houting	
	Luden Norvis Anne	YOCUM .
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT (If yes, give wor or dates of service) 2/4-05-01787 THE HELD COLL	SON Edgowater Md.
	18. CAUSE OF DEATH [Enter anly one couse per line for (a), (b), and (c)] PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which gave rise to immediate (b)	
	cause (a), stating the <u>under-lying cause lost.</u> DUE TO lying cause lost. (c)	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM 20g ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in OR CONTRIBUTING CAUSE OF DEATH (If EITHER, NOTIFY MEDICAL EXAMINER)	PERFORMED? VES NO 1
	Haur a.m. P. m While Not while factory, street, affice bldg., etc. of work at work	c.)
	21. 1 certify that I attended the deceased from 1957, ta alive an 1957, and that death accurred at 7/7	
,	SIGNATURE John To Station MD. 121	ADDRESS (Street, city or lown, state) DATE SIGNED SSS 5
	PHYSICIAN'S NAME (Type) 22g. BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY	22d LOCATION Kity, rawn, or county) (Stote)
	BUYING MAY 4/1959 WOOD FOR	Toles ville Md.
	Beened Hardesty Galerille cel DATE MI	

il director, filed with

ero

ond

physician move cor

۾

RAL P shavil

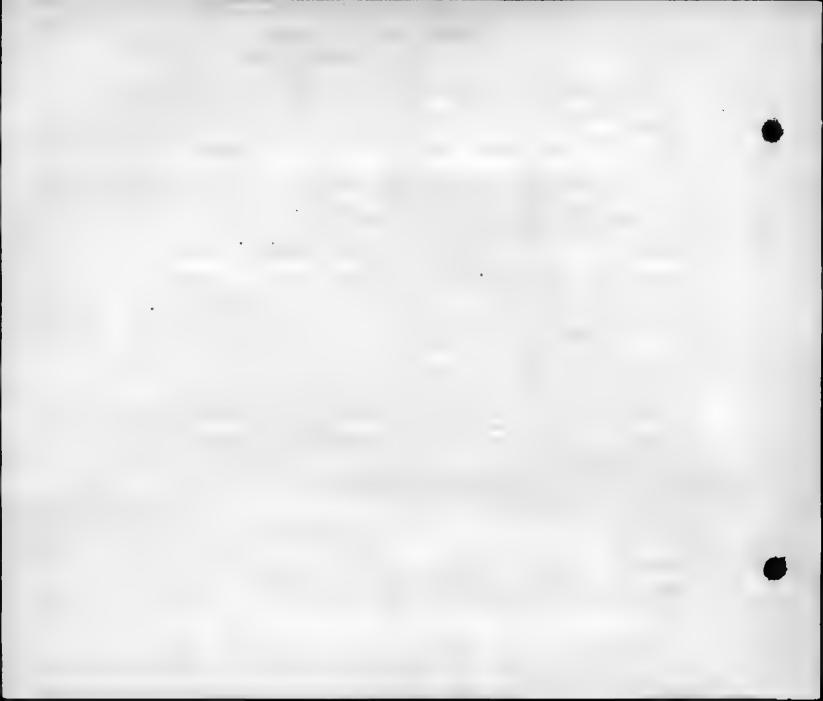
0

1SM 9/SS

2

þ





may be retained by the haspital ar attending physician.

O FUNERAL DII 18. After this certificate has been signed by the attending physician and completely filled in by page 3 shauld 19. It is a sold to use as the burial-transit permit. Then please remove carbon pages 1 and 2 the registrar prior to burial, crematian, ar remayal, and in any event within 72 haurs after death.

TO FUNERAL DI page 3 shauld

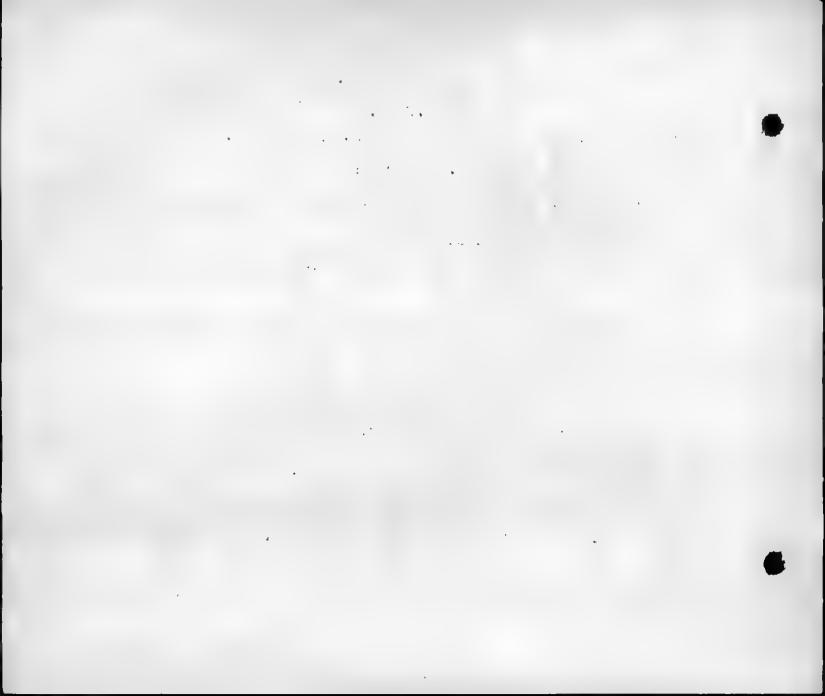
VS A15 (4) 1SM 10/S7

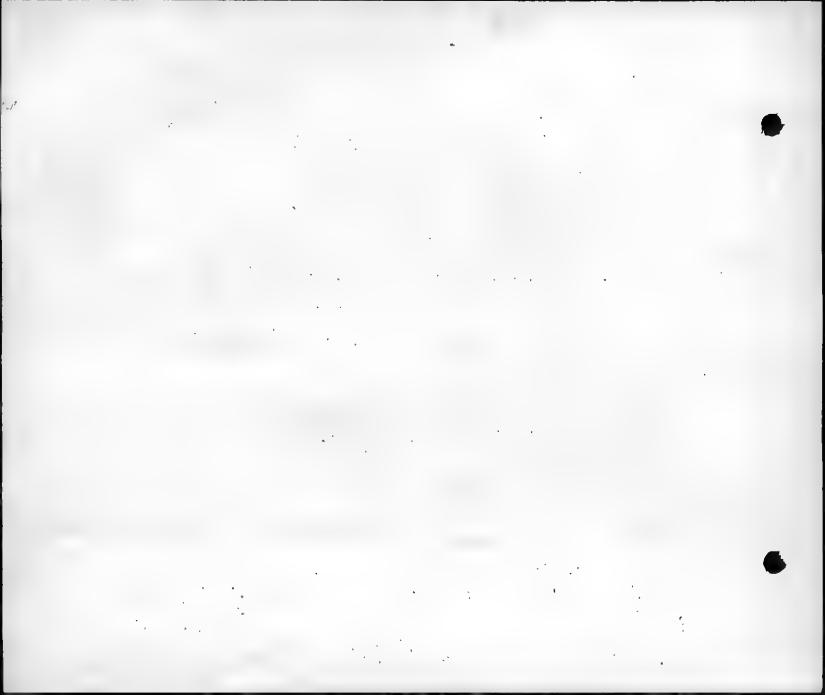
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 5139 **CERTIFICATE OF DEATH**

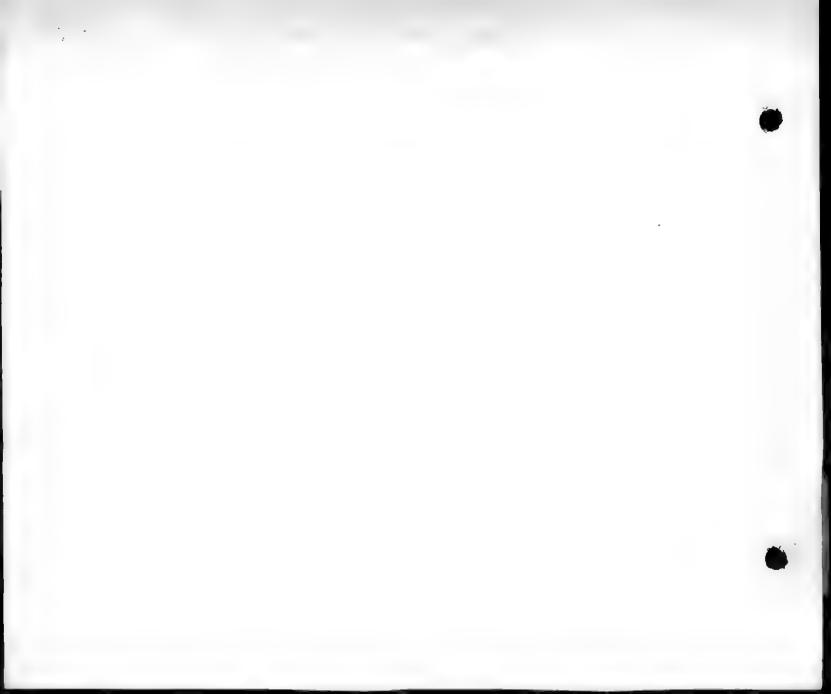
05122

DLA	1111	Re	eg. Dist.	No.
RESIDENCE	/Where deceased lived	If authfuliance	Pasidanca	hafara admi

1. PLACE OF DEATH o. COUNTY Anne Arundel MARYLAND	2 USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) \$\frac{51ATE}{44Ce}\$ COUNTY					
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crownsville c. LENGTH OF STAY IN 1b 1 y,9 me,11 d	BALTIMORE CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town)					
d NAME OF HOSPITAL (If not in hospitol, give atreet oddress) Crownsviire State Hospital	407 Aisquith Str. e. 15 RESIDENCE ON A FARM? YES NO (A)					
3. NAME OF DECEASED (Type or print) William First F. Middle Phil	190					
MIDOWED TO DIVORCED	8. DATE OF BURTH 92 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS foliat birthday) Manths Doys Hours Atin					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) unknown	BaltimorE-Nid. USA					
13. FATHER'S NAME unknown William. Phillips	Molley BarNES					
("yes" orknown) (" ye'unknown of service) 324-10-4408	Clinical Record					
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c), PART I. DEATH WAS CAUSED BY COREDTAL SOITENI MMEDIATE CAUSE (a)	INTERVAL BETWEEN ONSET AND DEATH					
Conditions, if ony, which gave rise to immediate (b)						
couse (o), stoting the under tying couse lost.						
Paget's disease, racture of the rig	TES (A) NO [
206. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 206. DESCRIBE HOW INJURY OCCURRED Spontaneous fra	cture of femur, developed in 1957					
O Hour a.m. syntonown While Not while ? foc	ACE OF INJURY (Home, form, 20f. (City or town) (County) (State) tory, street, office bidg. etc.) (State)					
21. I certify that I attended the deceased from 8/21/57 olive on 5/1/1259 , 19 , and that death	occurred of 8:15P-M, from the causes and on the date stated above.					
ACTUAL SIGNATURE LORIGINAL SERVICE SER	ADDRESS (Street, city or town, state) DATE SIGNED					
PHYSICIAN'S DV. Ludwig Benedict	CROWNSVILLEN					
220. BURIAL CREMATION, 22b. DATE THEREOF PREMOVAL (Specify) 22b. DATE THEREOF Baltimore Nat						
23. FUNERAL DIRECTOR'S SIGNATURE . ADDRESS	240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE					
Loop De the	DATE MAY 4 159 avilury & Kinesa					
1000 shalley ly	uf,					

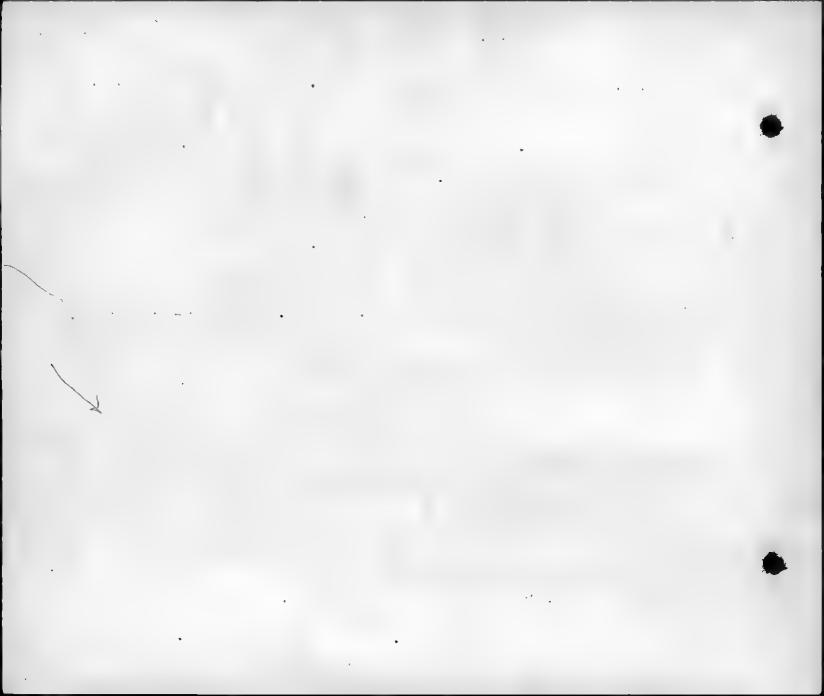






MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5141 CERTIFICATE OF DEATH Reg. Dist. No. filed with . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived - If institution: Residence before admission) D. COUNTY o STATE **b. COUNTY** MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Hanover Hanover d NAME OF HOSPITAL (If not in hospital, give street oddress) e. 15 RESIDENCE d. STREET ADDRESS OR INSTITUTION ON A FARM? Hanover & Ridge Rd. Hanover & Ridge Rd. YES NO T 3. NAME OF First 4. DATE Middle Year DECEASED OF ERNEST W. RETMSNYDER (Type or print) DEATH 19 59 6. COLOR OR RACE 7. MARRIED 3 NEVER MARRIED 1 B. DATE OF BIRTH 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS campletely Months Doys WIDOWED [DIVORCED [July 25. 69 yrs. popers. male 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stole or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) self employed Md. Farmer (rtd pup 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME ò É Charles Reimsnyder Barbara Miller 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address Mrs. Thelma P. Reimsnyder - Henover CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY SUDOEN IMMEDIATE CAUSE (o) **DUE TO** CHRONIC ARTERIOSCLEROTIC HEART Conditions, if ony, which gove rise to immediate DUE TO DISEASE cause (a), stating the underlying couse lost. PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1601 19. WAS AUTOPSY PERFORMED? YES NO | 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of Item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f (City or town) Day, Year 20d. INJURY OCCURRED (County) (Slote) factory, street, office blog., etc.) Hour a.m. While Not while of work of work 19.5 7 that I last saw the deceased 21. I certify that, I attended the deceased from and that death accurred at 3.201 M, from the causes and an the date stated above. DATÉ SIGNED ACTUAL SIGNATURE DIE ס PHYSICIAN'S TO FUNERAL Elkridge 27, Md George E. Groleau Main St. NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Slote) poge REMOVAL (Specify) Dorsev. Zion 23. FUNERAL DIRECTOR'S SIGNATURE KODRESS 24b REGISTRAR'S SIGNATURE 240 REC'D BY REGISTRAR willing & thouse VS A15 (4) 15M 10/57

havrs after death.



may be retained to the haspital at attending physician. TO FUNERAL DIT R. After this certificate has been signed by the attending physician and campage 3 should the standard carbon page 3 should the standard carbon page 1 should the registrar prior to burial, cremation, at removal, and in any event within 72 hours after death. TO HISTITAL OR ATTENBING INYSICIAN: The

VS A15 (4) 15M 10/57

A'S	1
1	م عدائی اد
Page	neral director.
oth.	be file
er de	S.P.
irs aft	P. 42
4 hou	d in
thin 1	ly fill,
ed wi	pletel
mecut	d cam
pe e	acbon
ficate	ysicio
certi	ng ph e rem
diadh	ttendi pleas
=======================================	the a Then
es Pha	d by
law majoires that the death certificate be executed within 14 hours after death. Page	been signed by the attending physician and campletely filled in by uneral director. Itonsit permit. Then please remove taxbon papers. Pages 1 and 2 that dibe filed with
aw E	been

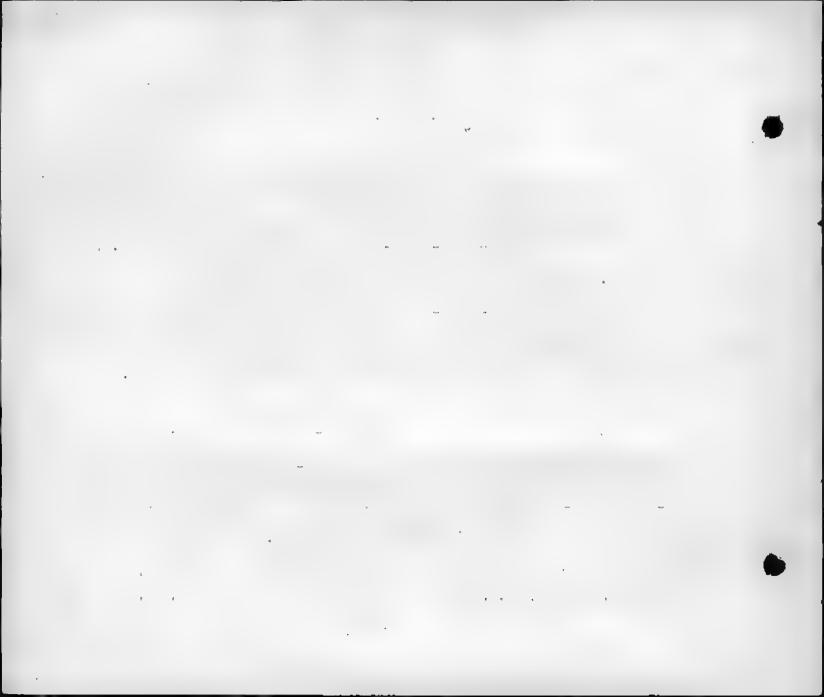
V.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

5142 **CERTIFICATE OF DEATH**

05126 Rea Dist No.

								Keg. Dist.	110.	
1. PLACE OF DEATH	***		MARYL	AMD	2. USUAL RESIDENCE (W)	here deceased (L COUNTY			n)
	rundel				Maryland		Be	altimor	e City	
6 CITY OR TOWN (If outs de carporate limi	ts, write	c. LENGTH OF STAY I	N 1b	c. CITY OR TOWN (If a	outside corpora	te fimits, write f	URAL and giv	a nearest town)	
RURAL and give n			22 yr. 14	da.	Baltimore		3	1.1	4	U
d NAME OF HOSPI	IAL (If not in hospital, g	ive street	address)		d STREET ADDRESS				e. IS RESID	ENCE
	ville Stat				652 Bradle	y Stre	et		ON A F	
3. NAME OF	Fir	sī	Middle		Lost	4. DATE	Mor	ith	Doy Ye	or
(Type or print)	Anni				ichardson	OF DEATH	5			59
5 SEX	6. COLOR OR RACE	7. MARE	RIED 🔀 NEVER MARRIEI		DATE OF BIRTH	9	AGE (In years lost birthdoy)		YEAR IF UNDER	
Female	Negro	WOON	ED DIVORCED		Unknown		61 7 yrs	Months D	ays Hours	Min
10a USUAL OCCUPATION	ON (Give kind of work king life, even if retired	done 10b.	KIND OF BUSINESS OF	INDUS	TRY 11. BIRTHPLACE (Stote	or foreign cou	ntryl	12 CITIZI	EN OF WHAT C	OUNTRY
Housewor		'		_	Marylar	ha		17.	S.A.	
13. FATHER'S NAME	. 48				14. MOTHER'S MAIDEN N					
Joseph 1	. Carter				Sophie	Gardne	J.,			
IS WAS DECEASED EVE	R IN U. S ARMED FOR	CES? 16.	SOCIAL SECURITY NO	17 IN	FORMANT		Add	ress		
(Yes. no. or unknown)	(If yes, give war or dates of s	ervice]	_	١,	Hospital Reco	mde				
	TH Feeter columns on	nor ti	ne for (o), (b), and (c).]	-1	TOSDI POT TOOL	72 40	-		10 17 C 01 1 0 1 0 1 1	
	TH WAS CAUSED BY:	use per m		_					INTERVAL BETV	EATH
	IMMEDIATE CAUSE (o)	_ Hypostatic	e Pn	eumon1a					
420,0) DUE TO									
Conditions, if o		1	Arteriosc	lero	tic Heart Dis	sease,	Decomper	nsated		
gave rise to i cause (a), sloting										
lying couse lost.	(c	1								
Z PART II OTI			CONTRIBUTING TO DEA	TH BUT N	NOT RELATED TO THE TERMI	NAL DISEASE (CONDITION GIV	FNI INI PART I	(a) 10 WAS AL	ITOPSY
¥	-				•		-	210 11 4 1 7 11 1	PERFORA	MED?
20g ACCIDENT WI	S HAIDERIVING (T	20h DESI	CRIRE HOW INJURY OF	CHRRED	(Enter nature of injury in I	Part A on Part II	Laf it = 10.1		YES 🔃	NO M
O THE EITHER, NOTIFY	AS UNDERLYING () CAUSE OF DEATH MEDICAL EXAMINER)	***	ENDE HOW HOOK! OC	CONKED.	tenter nature or injury in i	ron for ron; ii	or nem is.)		-	
ZOC, TIME OF INJUR Hour o. m.	Y Month, Doy, Yes	20d. II	NJURY OCCURRED	20e. PLA	CE OF INJURY IHome, form	, 20f. (City o	r town)	(Cou	inty)	(State)
Hour o.m.	19	While	Not while	foci	ory, street, office bldg , etc.)			**	, ,
			7 /5	17	- 77	i =	05 50		-	
21. I certify th	at I attended the				, 19.37_, to		≥2., 19 <u>29</u>	that I la	st saw the d	eceased
alive on	5/25	, 19_5	29, and that	death	accurred at 7:451	M, fram	the causes o	and an the	date stated	abave
	1111	11	7.1			ADDRESS (Stre	el, city or town,	stole)	DAT	E SIGNE
ACTUAL SIGNATURE	Miller	21/		M	o Crownsvill	e State	e Hosp.	Md.	5/26	/59
PHYSICIAN'S T	7	رنيپ							- 1-6	1
NAME (Type)	. Benedict	, M.J)• /		Crownsvill	e State	e Hosp.	Md.	5/26	/59
220. BURIAL, CREMATIC		F	22 MANE OF CENE	GRY-ON	CERNATORY.	224 JOCATIC	the Cubi town,	or county)	(Stote)	
REMOVAL (Specify)	5/27.	.57	W. of West,	IM	white	Bac D	trust	1 .11		
23. FUNERAL DIRECTOR	S SIGNATURE		ADDRESS	V	24o. REC'I	D BY REGISTRA	R 246 REGI	STRARE SIGN	ATURE	
+ fris	· 10 / 1025	15	-		DATE MA	Y 2 8 '59	a	Thurs S. F.	haut	
- I the to the	the think of all also had	To Ken	1				1			



death.

hours ofter

21 51 322 XV

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



arthur S. Krous

I director, Filed with death! Page popers. and ofter physician томе been si D P VS A15 (4)

o. COUNTY

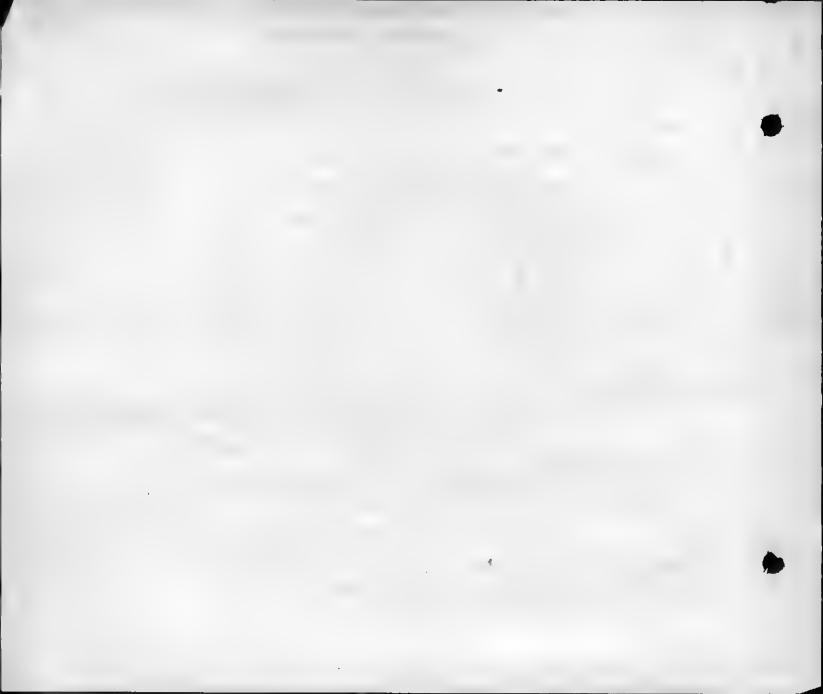
NAME OF DECEASED

YES

ACTUAL SIGNATURE

5 SEX

15M 10/57



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH cremation Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) a. COUNTY o. STATE **b.** COUNTY MARYLAND b. CIPY, OR TOWN III outside corporate firsits, write RURAL c. LENGTH OF STAY IN 16 c. CIPY-OR TOWN-(If outside corporate limits, write RURAL and give negrest town) inwol featoet lown d. NAME OF HOSPITATI OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES I NO X 3. NAME OF Middle Month for your DECEASED OF (Type or print) DEATH 19 5. SEX COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years B. DATE OF SIRTH IF UNDER TYEAR IF UNDER 24 HRS retained 1 Months Days Haurs Min. WIDOWED [DIVORCED yes. e 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 1). BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? ond during most of Yorking life, everyif retired) å and 13. FATHER'S NAME MOTHER'S MAIDEN NAME EVER IN U. S. ARMED FORCES? 17. INFORMANT Address If yet, give war or dates of service 18. CAUSE OF DEATH | Enter only one cause per line for (a), (b), and (c), CHERVAL BETWEEN PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (d burial-transit 49- w 49-49-**DUE TO** Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? ő 0 YES M 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injuty in Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING | 20c. TIME OF INJURY Month, Ddv. Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 20f. (City or tawn) (County) (Stote) factory, street, office bldg., etc.) Hour While Not while 6. m. at wark at work p. m. ook charge of the remains described above, held an Autopsy . Inspection Inquiry . and find that Accident Natural causes Suicide . Homicide . Undetermined cause 0 MEDICAL ACTUAL DATE CHIEF MEDICAL EXAMINER forwarded t ASSISTANT MEDICAL EXAMINER **EXAMINER'S** cute the NAME (Type) DEPUTY MEDICAL EXAMINER 220. BURIAL, CREMATION, 1225, DATE THEREOF 22c, NAME OF CEMETERY 22d. LOCATION (City, town, or couply) OR CREMATORY MOVAL (Specify) 0 MUNERAL DIRECTOR'S SIGNATURE 24g. REC'D BY REGISTRAR 245. RECTSTRAR'S SIGNATURE VS. A 15ME(5) DATE 5M 9/55



VS A15 (4) 15M 9/55 K

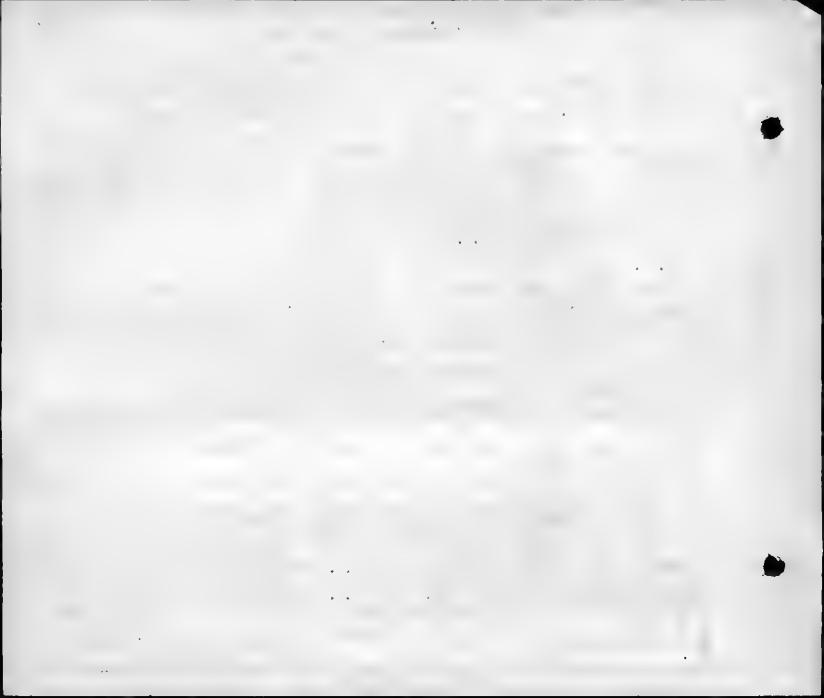
X

ARYLAND	STATE	DEPARTMENT	OF HEALTH-BALTIMORE,	18
511	2"		·	

5145 CERTIFICATE OF DEATH

Reg. Dist. No. 27

1.	PLACE OF DEATH			MARY	LAND	A STATE	daryla		l lived If instituti b. COUNTY				•
-	Anne	autside corporate limit	TA				- D			Anne			
	RURAL and give ner	rest town]		c. LENGTH OF STAY	IN ID	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
L		rge G. Mea		4 months			<u>len B</u>	urnie					
	d. NAME OF HOSPITA OR INSTITUTION	L (If not in hospital, g	ive street	oddress)		d. STREET	ADDRESS					IS RES	IDENCE FARM?
l						170'	7 Mann	ing Rd					NO 🍱
	NAME OF	Fin	if .	Middle		L	lac	4. DATE	Mor	th	Doy	,	Yeor
	DECEASED (Type or print)	LEW	IS	EUGENE	E	RCYA	L	OF DEATH	Ma		31		19 59
5. 3	EX Male	6. COLOR OR RACE	7. MARR	HED NEVER MARRIE	рΠ	B. DATE OF BIR	тн		9 AGE (In years	IF UNDER	YEAR	IF UNDE	R 24 HRS
	White	White	WIDOWE	DIVORCE		23 Sept	1917		lost birthday) 41 yrs.	Months	Days	Hours	Min.
10a	. USUAL OCCUPATIO	N (Give kind of work of	lone 10b.	KIND OF BUSINESS O	R INDUS					12. CITI	ZEN OI	F WHAT	COUNTRY
	Soldier	ng life, even if retired)		U.S. Army		Ger	orgia			T	ISA		
13.	FATHER'S NAME					14. MOTHER		NAME			JUA	.1	
	B. H. Ro	yal					ne Mad						
15.	WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	. 17. IN	IFORMANT			Add	ress			
(Te	Yes	W II, Kore	Enrice)		Ft	. Georg	ge G.	Meade	5				
Г	18. CAUSE OF DEAT	H [Enter only one co	vsa per lir	ne for (o), (b), and (c).]	-						RVAL BE	
1	PART I, DEAT	H WAS CAUSED BY.	Pu	lmonary ed	ema.	severe					ONSE	ET AND	DEATH
	4001	IMMEDIATE CAUSE (o)			<u></u>						-		
			Ma	ocardial i	n far	etion a	cute						
1	Conditions, if an	mediate	m.J	COAL WIEL I	11104	002011 0	-				+		
	couse (a), stating t	he under-	0.				d				1		
-	lying cause lost) (c		ronary Art									
Į į	PART II. OTH	ER SIGNIFICANT CON	OITIONS C	ONTRIBUTING TO DEA	ATH BUT	NOT RELATED 1	O THE TERM	INAL DISEASE	CONDITION GIV	EN IN PART	1(0) 19	PERFO	AUTOPSY RMED?
ŭ												YES 🔲	но 🗌
CERTIFICATION	200. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY I	UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DE\$(CRIBE HOW INJURY O	CCURRED	. (Enter noture	of injury in	Port I or Port	II of item 18.)				
MEDICAL		Month, Day, Yea	r 20d. It	UURY OCCURRED	20e. PL/	CE OF INJURY	(Home, farn	n, 20f. (City	or lown)	(C	ouniy]		(Stote)
Q	Hour o. n.	19	While	Not while k □ of work □	fac	lory, street, offi	ice bldg., etc	1	·		"		
≥	р. т.							<u> </u>					
1				ed from3Q_1/									
1	alive on 30 M	ava	ــ 12 ہے	59, and that	death	occurred a	<u>ι0055</u> .	A.M., from	the causes o	and on th	e date	e state	d abave
		1 11) [1				ADDRESS (St	reet, city or town,	stole)		DA	ATE SIGNED
	ACTUAL SIGNATURE	TIM TY	1/11	n	,	LD. U.S.	Army	Hospit	al. Ft M	eade.	Md	l Ju	ne 59
				1									
L	PHYSICIAN'S	CHN F. PLA	NT,	Capt, MC,		U.S.	Army	Hospit	al, Ft M	eade,	Md		
220	BURIAL, CREMATION	, 226. DATE THEREO	F	22c. NAME OF CEME	ETERY OF	CREMATORY		22d. LOCAT	ION (City, lown,	or county)		(\$tate	e)
F	REMOVAL (Specify)	6-4-59		Arlingto	n N	ational		Arli	naton, V	Tirrir	iia		
23.	FUNERAL DIRECTOR'S	SIGNATURE	a .	ADDRESS				D BY REGISTI		STRAR'S SIG		E	
Λü	1. Cook, I	nc., 1217	St.	Paul Stre	eet		DATE J	UN 4 15	59 a	Thun &	Him	. 4	



05132 Reg. Dist. No.

	PLACE OF DEATH a. COUNTY	Anne Arui		MARYL	- 11	o. STATE	MCE (Whe	deceased	lived. If institut b. COUNTY		before admission)	
	RURAL and give no		, write	c. LENGTH OF STAY IN	11Ь	c. CITY OF TO	WN (If ou	Iside carpor	ate limits, write I	RURAL and g	ve nearest town)	
H		apolis AL (If not in haspital, giv	re street o	address)		d. STREET AD	DRESS	ey	()		o. IS RESIDEN	ICE
L		Anne Arunde	1 Cer	eral Rospi	tal	VII. 2	100	x 43	5 Cm	map	POID YES NO	
	NAME OF DECEASED (Type or print)	First F · bv		Middle		last		4. DATE OF DEATH	Ma	Mp 00	Doy Yeor	-/
5.	SEX			ED NEVER MARRIED	-	DATE OF BIRTH	1		9. AGE (In years last birthdoy)		YEAR IF UNDER 24	1.1
L	Male	1 67441 6/6	WIDOWE			May		1959	yes			30
100	during most of worl	ON (Give kind of work do (ing_life, even if retired)	ane 10b. 1	KIND OF BUSINESS OR	INDUSTR	11. BIRTHPLA	CE (State o	to foreign co	molry)	12. CITI	ZEN OF WHAT CO	UNTRY?
13.	FATHER'S NAME					14 MOTHER'S A	AAIDEN A	AME				
	Carl .	John Rupp					Le	ona T	mogene I	יבים בידו		
	WAS DECEASED EVE	R IN U. S. ARMED FORC		SOCIAL SECURITY NO.	17. INF	ORMANT				dress		
		priyot, gravas as assessed to	111.2	•		13	bther	Rt	. 2. Box	1,55	Annapolis	5 - 11
	18. CAUSE OF DEA	ITH [Enter only one cou	se per lin	e for (o), (b), and (c) }							INTERVAL BETWE	EN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) / 71 / CC CA									ONSET AND DEA	LTH	
	762,5	DUE TO	7.								(3)	
	Canditions, if a	ny, which } (b).	7	TELLO	7	ASI	5			,	13)	
	gave rise to i	mmediate (Dur 70		,		-					416:44	1140
	fying cause last	(c).		Al-triba	use	165						
CATION	PART II. OTI	HER SIGNIFICANT COND	ITIONS <u>C</u>	ONTRIBUTING TO DEAT	H BUT N	OT RELATED TO	HE TERMIN	IAL DISEASE	CONDITION GI	VEN IN PART	1(a) 19. WAS AUTO PERFORMEI YES NO	D?
CERTIF	20g. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING A CAUSE OF DEATH MEDICAL EXAMINER)	POb. DESC	RIBE HOW INJURY OC	CURRED.	(Enter nature of	injury in Po	art I or Part	11 of item 18)			
MEDICAL	20c. TIME OF INJUR Maur a. m.	Y Manth, Day, Year	20d IN While at work	Nat while	0e PLAC foctor	E OF INJURY (H	ome, farm, bldg., etc.)	20f. (City	or town)	{C	ounty) (State)
2	p. m.	at I attended the			2 -7	10 55	to <	. 23	10 57	7 that I k	ret caw the dec	
	alive on	2 3	10 (e date stated o	
				7-,-, 0110 11101 0		ccorred oi			eel, city or lawn,			GNED
	ACTUAL SIGNATURE 7	chil.	1.9	6.6602	M.	45 18	Rufel	ics 57	homes	94 \$ 6-	2-1401-3	54
	PHYSICIAN'S NAME (Type)								***			
22	BURIAL, CREMATIO		59	1226, NAME OF CEMET	ERY OR O	SEMATORY		22d LOCATI	ION (City, town,	or county)	(Stole)	P1
23	FUNERAL DIRECTOR	S ELEGIATURE Serv	0 (ADDRESS PACE	Li 1	ma.	240. REC'D JUN	BY REGISTE	PAR ZAB REG	ISTRAR'S SIG	YATURE	4
$\not\vdash$												

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



115130

			514	6 CERTI	FICA	AIE OF	DEATE	1		Reg.	Dist. No.	00	TOO	
1 6	LACE OF DEATH	3 - 7		MARY	LAND	2. USUAL RES	,		d tived. If inst		ience befor	e admissi	on)	
ŀ	Anne Aru CITY OR TOWN (If RURAL and give ne	outside corporate	limits, write	c. LENGTH OF STAY	1N 1b				prote limits, wri	te RURAL or	nd give nec	rest town)		
	Glen Bur	nie	ol, give street	2 year	8	d. STREET	Same					e, IS RESIDENCE		
	or institution 203 Agush	art Rd.				1	Same					ON A YES [
3. 1	NAME OF DECEASED Type or print)	Demekhan	First Cale	Middle		Le	ost	4. DATE OF DEATH		Month 23rd	Da	,	9 59	
S. S	EX	6. COLOR OR RA	CE 7. MARR	RIED A NEVER MARRIE		B. DATE OF BIR	TH 7 - /	899	9 AGE (In yellast bighted	ors IF UNE	ER 1 YEAR			
0a.	USUAL OCCUPATIO	N (Give kind of weing life, even if refi	ork dans 10b.	ED DIVORCEI	- ;					12.0	ITIZEN OF	WHATCO	DUNTRY?	
	Retired	housewil	6	001			mpstea	-			USA.			
13.	FATHER'S NAME					14 MOTHER	S MAIDEN I	NAME						
	7	· · · · · · · · · · · · · · · · · · ·				?		_						
		RIN U.S. ARMED I If yes, give war or dates	of service)	SOCIAL SECURITY NO.		Mr Mr	H.C.S	chwenk	e (husl	Address				
		TH (Enter only and		ne for (a), (b), and (c).	l l						INTE	RVAL BET	WEEN	
		TH WAS CAUSED E	BY: Car	cinoma of		rix of n	terus	with	multip)	le	ONS	ET AND	DEATH	
	171X	IMMEDIATE CAUS	r (ot	. 0211011112 02	00%	and the s		77 30 033	ш-ш-үр-		-			
			E TO med	tasteses							, g	8 months		
	Conditions, if ar gove rise to in	nmediate	(B)	140 40000										
	cause (o), stating	he under-	E TO											
z	lying couse last.	FR CICALIFICANT C	(c)	CONTRIBUTING TO DEA	THE DEET	NOT BELATED 1	O THE TERM	ALAL DICEAR	E COMOTION	CAVENTINE	ADT ICALL	0 14/45 4	V2GOTIL	
CERTIFICATION	PART 71 OTH	EK SIGNIFICANI C	ONDITIONS	ON KIBUTING TO DEA	KIN BUI	NOT KELATED	O THE LEKWI	INAL DISCAS	E CONDITION	GIVEN IN I	AKI I(O)	PERFOI YES	RMED?	
	200 ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEA MEDICAL EXAMINE	ATH ER)	CRIBE HOW INJURY O	CCURRE	D (Enter nature	of injury in	Port I ar Por	t II of item 18)				
MEDICAL	20c TIME OF INJURY Hour o.m.		Year 20d, II While at wor	NJURY OCCURRED Not white k ot work	20e. PL/ foo	ACE OF INJURY	(Home, farm ce bldg., etc	. 20f. (City	y ar tawn)		(County)		(Stole)	
*	21. I certify th	. #		ed from 4/15	/59	, 19		/23/59	/ / / /	,that I				
	alive an 5/2	31.29	, 12_	, and that	death	accurred a					the date			
	ACTUAL SIGNATURE	stone)	Hu	elead of	11	M.D. Gler			treet, city or to	wn, state]	5/25	5/59	SIGNED	
	PHYSICIAN'S NAME (Type)	Gustava	H. Fau	bert,M.D.			with a solution of an open							
220	BURIAN CREMAT O	22h DATE THE	261919	new fall	JERY O	RICREMATORY		22d_10CA	TION (City, to	2 Rd	" Bal	(Stote	ma	
23.	FUNERAL DIRECTOR	SIGNATURE TO	16 %	Den Burn	ne c	a a Co	240. REC'	D BY REGIS	TRAR 246. F	EGISTRAR'S				

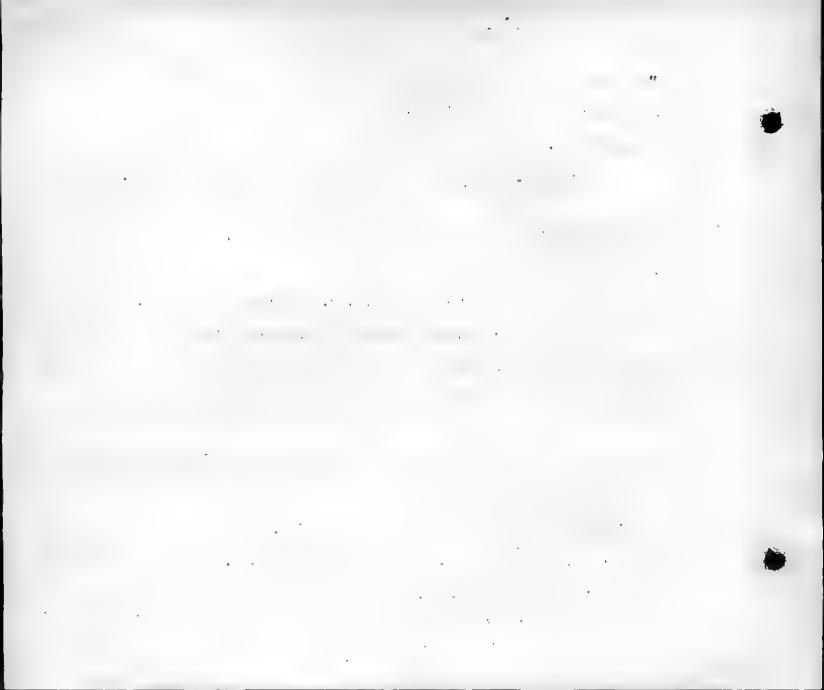
If the hospital or attending physician.

OR: After this certificate has been signed by the ottending physician and campletely filled in by "my uneral director."

OR: After this certificate has been signed by the ottending physician and campletely filled in by "my uneral director." TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs offer death. Page 4 page 3 should be detached far use as the burial-transit permit. Then please remove carbon popers. the registrar prior to burial, cremotion, ar removal, and in any event within 72 haurs after death. moy be retaine TO FUNERAL DI

X

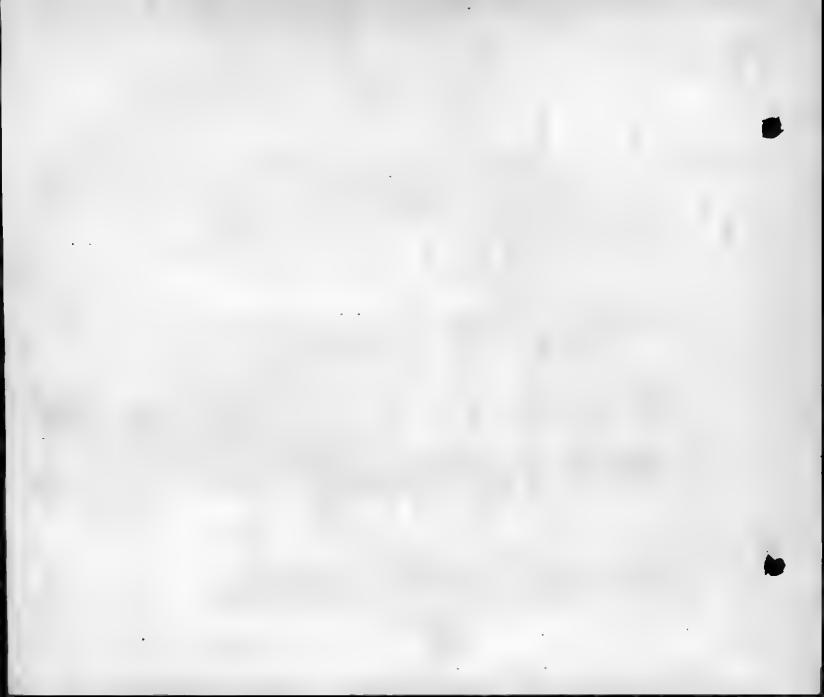
VS A1S (4) 1SM 9/SB



3		1	MARYLAND STATE DEPARTA	MENT OF HEALTH	-BALTIMORE,	18
ਾ ਚ ਹੁੜੀ	#5 \		5147 CERTIFIC	ATE OF DEATH	1	Reg. Dist. No. 05134
director director filed with	開	1,	PLACE OF DEATH O. COUNTY ARYLAND MARYLAND	2. USUAL RESIDENCE (WI	nere decebsed lived. If institu	tion: Résidence before admission)
uneral			b. CITY OR TOWN (I) outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (I)	outside corparate limits, write	RURAL and give nearest town)
by	Х		d. NAME OF HOSPITAL (If not in baspital, give street address) OR INSTITUTION	d. STREET ADDRESS	1	e is residence on a farm? Yes \ no \{\bar{\}}
n 24 ho filled in ges 1 on		3.	NAME OF DECEASED (Type or print) Middle	Scott	4. DATE MC	onth 10py Year 19 59
d with		-	SEX 6. COYOR OR RACE 7 MARRIED NEVER MARRIED	112-22-12	9. AGE (In years lost birthday)	
se executed and campl bon papers er death.		10	O. USUAR OCCUPATION (Give kind of work)done 10b. KIND OF BUSINESS OR IND during most of working life, even if retired)	USTRY 11. BIRTHPLACE (Store	artoreign country)	12. CITIZEN OF WHAT COUNTRY?
9 6 9		13.	PATHER'S HAME Shaw	14. MOTHER'S MAIDEN N	ale S-	liaw -
certifica ng physic remave 72 hours		15.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 (If yet province or date of service)	INFORMANT Se	ott St	dress adyside ms
e death ce attending n please re r within 72.		r	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CFEDYA	orteriosco	lerosis	INTERVAL BETWEEN ONSET AND DEATH
that in by the t. The			354X DUE TO	<u> </u>	0 00/3	years
equires esigned it permit			gove rise to immediate couse (a), stoting the under-lying couse last.			
e low ra physicia as been al-transi	J	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BL	IT NOT RELATED TO THE TERMI	NAL DISEASE CONDITION G	IVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
AN: The ending icate he ihe buri		CERTIFIC	200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter noture of injury in	Part I ar Port II of item 18.]	1.13 H 10 H
ol or offi his certif use as		MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. 19 Of work of work of work	PLACE OF INJURY (Home, form octory, street, office bldg., etc.	20f. (City or town)	(County) (State)
hospite After the hed for riol, cre			21. I certify that I attended the deceased from africal glive an Man 11 19 59, and that deat			5that I last saw the deceased
by the Control of the			ACTUAL TET PLAN of The H	th accurred at 51/h	ADDRESS (Street, city or town	and an the date stated abave.
etained AL DIR hauld e			PHYSICIAN'S WILLARD F. SMITH, M	M.D	ags cae	3/11/3
moy be r FUNER.		220	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY COMMON (Specify) 5-14-59		22d. LOCATION (City, Jown,	or county) (Start)
2 E P E E VS A15 (4)	4	22	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	0	V 4 (/	ISTRAR'S SIGNATURE
1SM 10/57			I wam & lese, n- mang, n	DATE (MA	11 10 29 1 , C	other & King

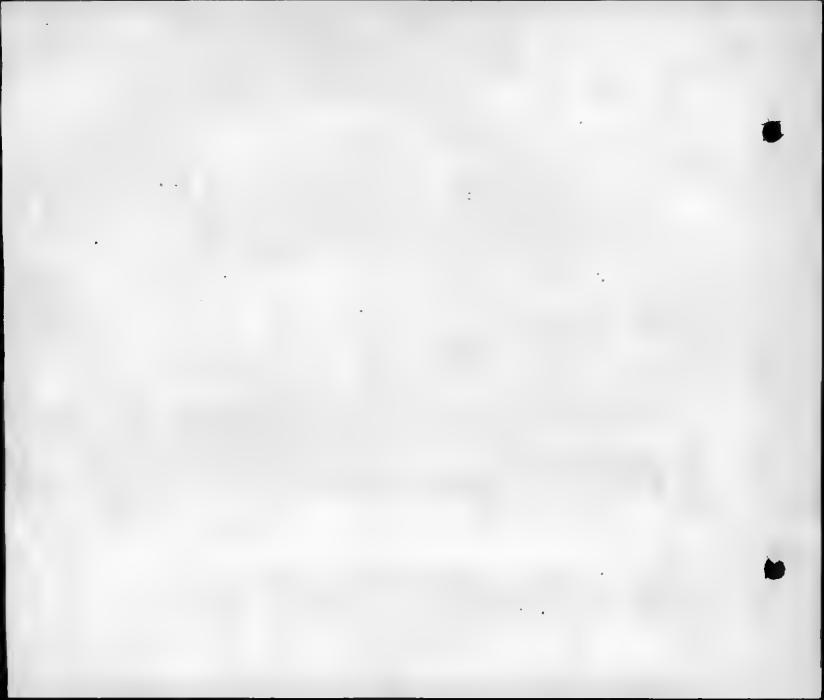


XI	-45		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
FOR S	TATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH Red, Dist, No. 135
HEALTH	DEPT.	1.	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY b. COUNTY
ctor. Poge our files.			c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
is necestrated directions and direct	199	8.	O.A. HNNE ARUNCE. GENCKEL. 104 WITHERS DOON RCT YES IN NOT
ny delay the fun- se retain the Stat			NAME OF DECEASED 1 1 1 1 1 1 1 1 1
h. If on a second of with sours of			FEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years left birthday) 6. COLOR OR RACE 7. MARRIED 12 - 10 - 93 9. AGE (in years left birthday) 65 yrs 65 y
1, 2, an Page 1 and hin 22 h			D. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stole or foreign country) Boston, Mass U.S.A.
Poges in PM3.			Thomas Jacobs Thomas Jacobs Mary Wallace
in 24 h Give ith form ith form			WAS DECEASED EVER IN U S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address In a sunknown) (1) year, give war or dates of pervice) 16. SOCIAL SECURITY NO. 17. INFORMANT Mrs. II Farl Murray, 10'+ Witherswoon Rd.
len 18 along v it perm			18. CAUSE OF DEATH [Enter only one couse per fine for (a), (b), and (c).] PART 1. DEATH WAS CAUSED BY: MMEDIATE CAUSE (a) Multiple infunds Surley Surley
office of trons	V		8/2X DUE TO Conditions, if ony, which (b)
in perion			gove rise to immediate cause (a), stating the underlying cause last. (c)
ficate standing of Exores os Exores os estanding remotic	0	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 3(0) 19. WAS AUTOPSY PERFORMED? YES NOTE:
ins certificated "is f. Medic ord be oriol, c		CERTUR	200. EXTERNAL CAUSE WAS PRIMARY IT OF CONTRIBUTING 20b DESCRIBE HOW INJURY OCCURRED. (Enter notice of injury in Part 1 or Port II of Hern 18) Struck y malakeyle
NER: The age the age Chiese 3 sho or to b	0 %	MEDICAL	20c. TIME OF INJURY Abonth. Day. Year 20d. INJURY OCCURRED. 20e PLACE OF INJURY (Home, farm, 20f. (City or fown) (County) (Slape) Hour orm. 5/2 f 29 9 oi work of place blog., etc.)
EXAMI e, writing ed to the PR: Pag			21. I certify that I took charge of the remains described above, hata an Autopsy . Inspection . Inquiry . and in my opinion death foolited from: Natural causes . Accident . Suicide . Homicide . Undetermined manner .
priffication and and and and and and and and and an			ACTUAL SIGNATURE M.D. CHIEF MEDICAL EXAMINER () DATE SIGNED
JIY ME e the ce ild be f ERAL D	,		EXAMINER'S ELIMBELY ASSISTANT MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY
execution 4 show of FUNI		72. ?I	O. BUR AL. CREMATION, 12th DATE THEREOF 12c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City. fown, or county) (Stote) EMOVAL (Specify) 5-25-59 Belmont Cemetery Belmont, 1260.
VS A15ME 5M 2/57			FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS 240 REC'D BY REGISTRAR 240, REGISTRAR'S SIGNATURE ANALY 2.6 '52 Cathury & Hands DATE DATE
		-	A CONTRACTOR OF THE CONTRACTOR



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If Institution: Residence before admission a. COUNTY b. COUNTYS ATO files. Health, MARYLAND Amne Arufede l b. CITY OR TOWN (If outside corporate limits, write RullA. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) 30 Same Greenland Beach, Pasadona d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS a. IS RES DE' +CE ON A FARM? retained e Stote B. YES NO 7 8140 Fort Smallwood Samo Rd. State death. NAME OF Middle 4. DATE Lost DECEASED DEATH (Type or print) 5th. 10 Luther Matthew Sewell 6 COLOR OR RACE 7. MARRIED NEVER MARRIED [B DATE OF BIRTH 5. SEX 9. AGE (In years IF UNDER TYPAR IF UNDER 24 HPS 5Dberthday) Months Dovs Hours Min WIDOWED [DIVORCED [7] 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY during most of working life, even if refired)

Bus Driver for the Baltimore Transit 11. BIRTHPLACE (State or lareign country) 2 CITIZEN OF WHAT COUNTRY? age USA. GRORGIA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mimie Alawine Harem J.Sewell form File 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT (If yes, give wor or doles of service) Mrs. Edna Lee Sewell e,es 460–16–9691 No Ē 18 CAUSE OF DEATH [Enter only one cause per tine for (o), (b), and (c)] INTERVAL BETWEEN PART I, DEATH WAS CAUSED BY: Sudden IMMEDIATE CAUSE (o) Coronary Occlusion Office H OLY, I **DUE TO** Conditions, if ony, which gove rise to immediate couse DUE TO (e), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? NO 200 EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of ilem IB I 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 120f. (City or lown) (County) (Sinte) loctory, street, office bldg., etc.) Hour o. m. of work of work 21. I certify that I took charge of the remains described abave, held an Autapsy . Inspection I Inquiry XI and in my apinian death resulted from: Natural causes V. Accident ... Suicide . Hamicide . Undetermined manner ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER EXAMINER'S desi should FUNERA NAME (Type) DEPUTY MEDICAL EXAMINER TO Gustave H. Faubert.M.D. 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Slote) DUDDN 0 ADDRESS 23 FUNERAL DIRECTOR'S SIGNATURE 24o. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE A15ME arthur & thous cedench ang.

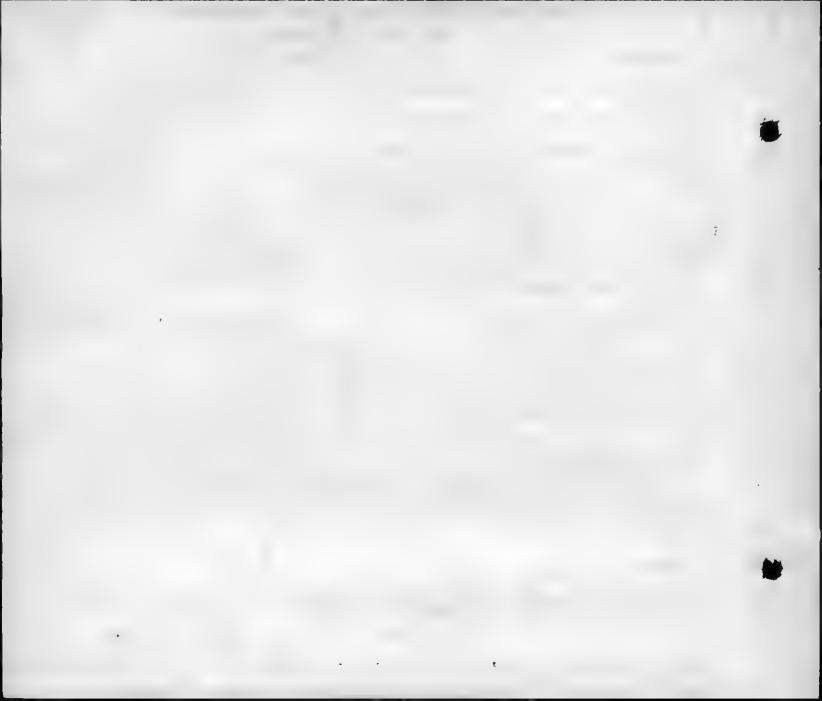


ERTIFICATE OF DEATH Item Reg. Dist. No 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) · COUNTY o STATE b. COUNTY MARYLAND funeral b. CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest lown) ā BURNIE IEN e. IS RESIDENCE d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS OR INSTITUTION ON A FARM? 603 5 0 YES 🔲 NO 🔀 4. DATE NAME OF First Middle Month Year filled ges 1 c DECEASED OF DEATH (Type or print) 19-COLOR OR RACE FUNDER 1 YEAR IF UNDER 24 HRS 5. SEX 7-DIMARCISTNER DISPURS DISPURS TO THE 9. AGE (In years Months Days Hours Min. WIDOWED TO 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY) 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? death during most of working life (even if retired) ond FATHER'S NAME 14. MOTHER'S MAIBEN NAME IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Address attending 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) 1721 **DUE TO** Š AU Vuo Conditions, if ony, which been signed gove rise to immediate DUE TO couse (o), stoting the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO I 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part II of item 18.) 20e PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month. Doy, Year 20d INJURY OCCURRED 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) Hour o. m. While Not while. of work of work that I last saw the deceased 21. I certify that I attended the deceased from and that death occurred M. fram the causes and on the date stated above. E OR ACTUAL prior 3 should TO FUNERAL The registrar PHYSICIAN'S NAME (Type) 220. BURIAL, CREMAT ON, 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) 22b. DATE THEREOF abod BUPIAL Loudon Park 240 REC'D BY REGISTRAR MAY 2 6 '59 SADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 246 REGISTRAR'S SIGNATURE Civiling & House VS A15 (4) and Kirkley Glen Burnie, Md. 15M 9/55

hours after death?

that the death certificate

HEALTH—BALTIMORE, 18

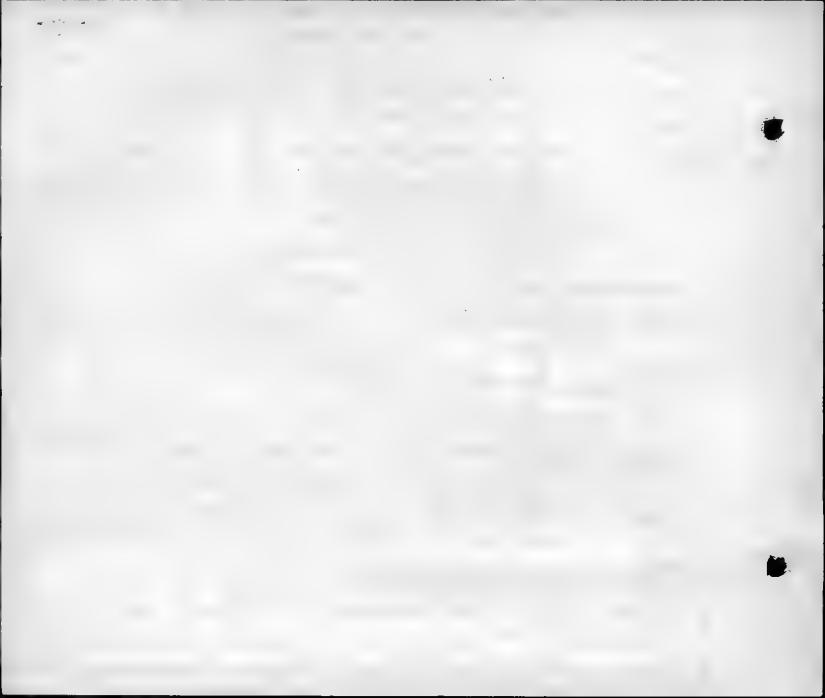


MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

ICA	ATE OF DEATH	1		Reg. Dist	G U.	138
ND	2. USUAL RESIDENCE (Who	ere deceased lis	red, If institu b. COUNT		before ad	lmission)
16	c CITY OR TOWN (If o	utside corporate	imits, write	RURAL and giv		
	1005 AC	uchi	on S	T.		RESIDENCE
2	ummins	4. DATE OF DEATH		onth _	Oay 7	19 59
5	B DATE OF BIRTH	182	AGE (In year lost birthday)	Months D	Doys Ho	INDER 24 HRS. Jurs Min.
NDU	Shadyx	Side a	967	14 2	Z.S.	HAT COUNTRY
12 1	14 MOTHER'S MAINEN N	2 Ce	Eler	100n	and the same of th	
P	obest 6. 8	smm	ins.	dress	2)	
y	THROM	Basi	5		ONSET A	L BETWEEN
R	OTIC CORON	ne/a	4RTE	R/ 215	UN	Known
BUT	NOT RELATED TO THE TERMIN	NAL DISEASE C	ONDITION G	IVEN IN PART	PE	AS AUTOPSY ERFORMED?
URREI	D. (Enter nature of injury in P	ort 1 or Port II	of item 18)			
e PL/ foc	ACE OF INJURY (Home, form, tory, street, office bldg., etc.)	20f. (City or	town)	(Co	unly)	(Stote)
Seath	, 1957, to 7 accurred at 2.3.01	M, from t	he causes	and an the		he deceased tated above
_	MD. 41.500	HARESS (Stree	te 2	AUE.		5/8/59
	ANNA	Polis	12	<u>D</u>		
RY O	Cent	22d AOGATIO	n (City, town	or county)	,	Stote)
ch	P. MA 24a. REST	BY REGISTRAI	245 PEC	STRAP'S PICH	MINSE	



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



VS A15 (4) 15M 10/57

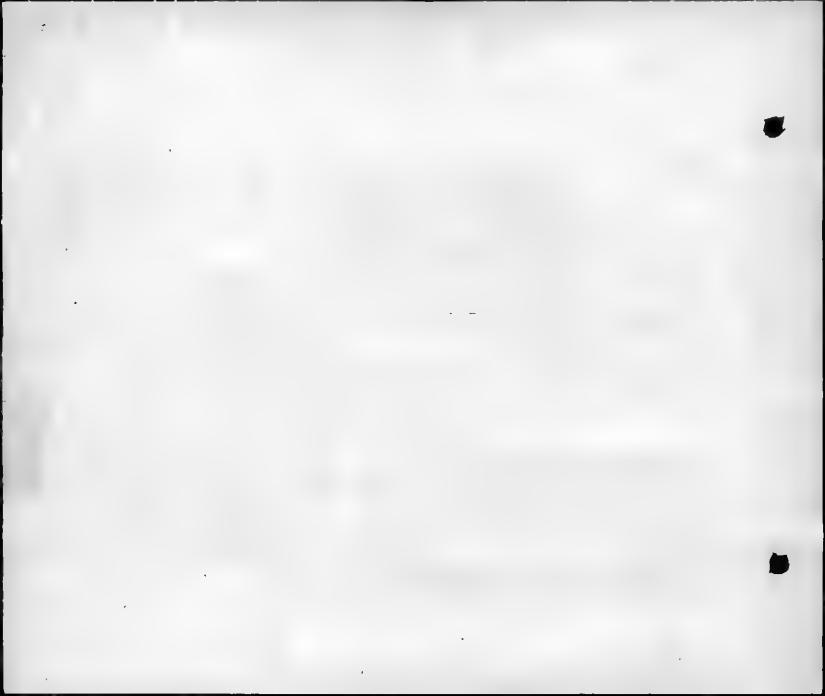
	1	
_	13	
	P	
,		

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5099 CERTIFICATE OF DEATH

(15141) Reg. Dist. No.

							···-				
, PLACE OF DEATH					USUAL RESIDENCE	E (Where decease		on: Reside	nce befa	re odmiss	sion)
			MARYLAI	ND	Pen	nsylvani					
b. CITY OR TOWN (II RURAL and give ne	outside corporate limit	ts, write	c. LENGTH OF STAY IN	1ь	c. CITY OR TOWN	I (If autside corp	orate limits, write R	URAL and	give nec	rest taw	n)
				- 11	Donora				7:	4 6	
d. NAME OF HOSPITA		ive street	address)							e. IS RES	SIDENCE
	ckian St				919 ide	die Hess	slep Ave.				NO T
NAME OF DECEASED	Fin	st	Middle		Lost	4. DATE		ith	Da	у	Year
(Type or print)					omporas	DEATH	Ma	y	-	L	19 59
i. SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED	8. D	ATE OF BIRTH	***	9 AGE (In years				
Male	Caucasian	WIDOW	ED DIVORCED	э І м	erch 25	1886	73 yrs.	Months	Days	Hours	Min.
On USUAL OCCUPATIO	N (Give kind of work o	Jone 10b.	KIND OF BUSINESS OR I	NDUSTRY	11. BIRTHPLACE (State or foreign (country)	12. CI	TIZEN O	F WHAT	COUNTRY
			Foreman		Greec	e			U.	S.A.	
	O DON'T HOTEL		TO CHIAM	1.							-
Athansius	J. Siompo	ras			Desno	(IInlen	(a.m.)				
S. WAS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17 tNFO		Antivi		ress n	2 _	Ma	
(Yes no or unknown)	If yes, give wor or dates of s		02. 07. 2622	יריז	Compo T 3	iomnomor	ani	uabot	IS,	MO.	44
THE CAPIES OF DEA	TH. [False only one on			I	TOTING D D	TOMBOLAS	<u> </u>	UZ PIC			
	TH WAS CAUSED BY:	11	ne lor (o), (b), and (c).)		A	11/2	4				
1/20			CHUICA	4714	ary 1 -	ans 7	· QLO		- / /	MA	nory
400.		0	1.17	7	1- 0.	1-1	1	f_{ij}		4	4
	nmediate	•	CONTINUE CE	My.	Mech	none 1	monia	year	620	<u></u>	
cause (a), stating (
_						<u></u>					
PART II OTH	ER SIGNIFICANT CON	DITIONS (CONTRIBUTING TO DEATH	BUT NO	T RELATED TO THE T	TERMINAL DISEAS	SE CONDITION GIV	EN IN PA	RT 1(a) 1	9. WAS PERFO	AUTOPSY DRMED?
5										YES 🗌	NO 🔀
20g. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCI	URRED. (E	nter nature of injur	ry in Part I ar Pa	rt II of item 18)				
20c. TIME OF INJURY	Manth, Day, Yea			e. PLACE	OF INJURY IHome,	form, 20f. (Cit	y or town)	-	(Counly)		(State)
Hour a.m.	19	While of wor	Not while	tociory.	, street, attice bldg	, etc.]					
	at Lattended the			24	10 677. 10	122 000	1 10.57	45-4-1	lest :	1E -	deser
- 1 · · · · · · · · · · · · · · · · · ·	3 1 1 2 1	10									
alive on Light	111111111111111111111111111111111111111	, 17,	Z-Z, and that de	edin oc	currea at_%/				ine da	re state	ed above
ACTUAL MO		VI.	L. Care a			Waters (:	meer, thy or lown,	sidie)		5%	A CONEL
SIGNATURE 1	marko	ALL	minno	M D.	***********						134
NAME (Type) M.	AURICE F KI	LAWAN	IS M.D.		31 30 '	THGATE A	VE. ANIA	POLIS	_ MT) _	
	N. 22b. DATE THEREO)F	22c NAME OF CEMETER	RY OR CR	EMATORY	22d. LOCA					le)
REMOVAL (Specify)									Man	_ `	
	A TOTAL STREET		ADDRESS	Sellia (STRAR'S SI			1
	uners Nom	and /		Ma							
	D. COUNTY Ann b. CITY OR TOWN (II RURAL and give ne Ann d. NAME OF HOSPITION OR INSTITUTION 130/ McGu I. NAME OF DECEASED (Type or print) S. SEX Male Ou USUAL OCCUPATION during most of work Ret. 3. FATHER'S NAME Athansius S. WAS DECEASED EVEINED TO BE AND OF ORNITION OF O	Anne Arundel b. CITY OR TOWN (If outside corporate limit RURAL and give neorest lown) Annapolis d. NAME OF HOSPITAL (If not in hospital, go OR INSTITUTION) 1304 McGuckian St. 1. NAME OF DECEASED (Type or print) 5. SEX 6. COLOR OR RACE Male Caucasian Ou USUAL OCCUPATION (Give kind of work or during most of working life, even if retired Ret. Steel Works) 3. FATHER'S NAME Athansius J. Siompo: S. WAS DECEASEDEVER IN U. S. ARMED FOR (Yes no or unknown) 18. CAUSE OF DEATH [Enter only one con Part I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (of Life) of the couse (o), stoting the underlying couse lost. PART II OTHER SIGNIFICANT CON CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Yee Hour o. m. p. m. 21. I certify that I ottended the alive on MAURICE F KI REMOVAL (Specify) MAURICE F KI 20c. BURIAL, CREMATION, 22b. DATE THEREO	Anne Arundel b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) Annapolis d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION) 1604 McGuckian St. I. NAME OF DECEASED (Type or pirot) John J. SEX 6. COLOR OR RACE 7. MARI MIDOW OB USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired) Ret. Steel Worker 3. FATHER'S NAME Athansius J. Siomporas S. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. If yes, give wer or dates of service) II. CAUSE OF DEATH [Enter only one cause per limited of service) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o). LADO. DUE TO Conditions, if ony, which gove rise to immediate cause (o), stoting the under. If ying cause last. PART II. OTHER SIGNIFICANT CONDITIONS (o) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. I While of wor 21. I certify that I attended the decease alive on Latender Advance (Type) ACTUAL SIGNATURE MAURICE F KLAWAN REMOVAL (Specify) May 4, 1959 3. ONESAL DIRECTORS SIGNATURE 3. ONESAL DIRECTORS SIGNATURE	Anne Arundel Anne Arundel b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) Annapolis d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 1 304 McGuckian St. 1. NAME OF DECASED (Type or print) John John	D. CITY OR TOWN (If outside corporate limits, write RURAL and give necrest lown) Annepolis d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION I JOAN MCGUCKIAN St. I. NAME OF BECEASED (I) Pear of print) D. SEX ADDRESS 6. COLOR OR RACE ANARRIED OB USUAL OCCUPATION (Give kind of work done) OB USUAL OCCUPATIO	Anne Arunde I	Anne Arundel D. CITY OR TOWN If outside corporate limits, write RURAL and give necretal long the necretal long that have a long through the necretal long that have a long through the necretal long through through the necretal long through through the necretal long through the necretal long through	D. CUNTY Anne Arundel B. CITY OR TOWN If outside corporate limits, write RUBAL and give nearest lown. Annapolis Annap	Anne Arunde 1 CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and BURAL and give nearest leave) Anne Anne Arunde 1 Anne Anne Arunde 1 Anne Anne Arunde 1 Anne	D. CHING A Trunde 1 D. CHING TOWN (If outside corporate limits, write RURAL and give necessal flow) Annenolis D. CHING TOWN (If outside corporate limits, write RURAL and give necessal flow) Annenolis D. CHING TOWN (If outside corporate limits, write RURAL and give necessal flow) Annenolis D. CHING TOWN (If outside corporate limits, write RURAL and give necessal flow) Annenolis D. CHING TOWN (If outside corporate limits, write RURAL and give necessal flow) Annenolis D. CHING TOWN (If outside corporate limits, write RURAL and give necessal flow) D. CHING TOWN (If outside corporate limits, write RURAL and give necessal flow) D. CHING TOWN (If outside corporate limits, write RURAL and give necessal flow) D. CHING TOWN (If outside corporate limits, write RURAL and give necessal flow) D. CHING TOWN (If outside corporate limits, write RURAL and give necessal flow) D. CHING TOWN (If outside corporate limits, write RURAL and give necessal flow) D. CHING TOWN (If outside corporate limits, write RURAL and give necessal flow) D. CHING TOWN (If outside corporate limits, write RURAL and give necessal flow) D. CHING TOWN (If outside corporate limits, write RURAL and give necessal flow) D. CHING TOWN (If outside corporate limits, write RURAL and give necessal flow) D. CHING TOWN (If outside corporate limits, write RURAL and give necessal flow) D. COLOR TOWN (If outside corporate limits, write RURAL and give necessal flow) D. COLOR TOWN (If outside corporate limits, write RURAL and give necessal flow) D. DATE D. DATE D. DATE	AND COUNTY AND A TUNDED TOWN If outside corporate limit, write guild and give necestal town guild and gu



■5 A15ME - 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. (15141

D. COUNTY B. CITY OR TOWN (II corride corporate hints, write RUBAL or LENGTH OF STAY IN 1b or CITY OR TOWN (If outside darporate hints, write RUBAL ond give nearest town) ANAME OF HOSPITAL OR INSTITUTION (III not in hospital, give street address) J. NAME OF STAY IN 1b or STAY IN	
d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS 3 8 2 ALL Log Lear VES ON A FAI JEST OF AND LEAR VES NOTE OF A FAI JEST OF A DATE Month Doy Veor JOSUAL OCCUPATION (Give kind of work done) 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHFLACE (State or foreign country) JOSUAL OCCUPATION (Give kind of work done) 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHFLACE (State or foreign country) JOSPAN DECASED EVER IN U. S. ARMED FORCESS 16. SOCIAL SECURITY NO. 17. INFORMANT JOSPAN VALUE OF DEATH (Enter only one cause perfune for (o). (b). and (c).] PART I. DEATH WAS CAUSED BY. NOTE OF AND DEATH (Enter only one cause perfune for (o). (b). and (c).] INMERICAL SET WILL AND DEATH MASS CAUSED BY. NOTE OF AND DEATH (Enter only one cause perfune for (o). (b). and (c).]	
d NAME OF HOSPITAL OR INST TUTION (If not in hospital, give street oddress) 3 \$ 2 \$ Accel Lap Bress ON A FA YES O	v
d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) 3 \$ 2 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	
3. NAME OF [Type or print] 3. NAME OF [Type or print] Charles. Middle Lost A DATE Month Doy Year 19 S. SEX 6 COLOR OR RACE MIDOWED DIVORCED DIV	CE
3. NAME OF [Type or print] Charles. Middle Lost 4 DATE Month Doy Year [Type or print] Charles. Married Never Married B Date of Birth OF AGE (In years lost buthdoy) Months Doys Hours Min. 5. SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED B DATE OF BIRTH PAGE (In years lost buthdoy) Months Doys Hours Min. 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHFLACE (State or fodeign country) 12 CITIZEN OF WHAT COUNTY Was A URGANIA COUNTY NO. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 11. BIRTHFLACE (State or fodeign country) Address 11. BIRTHFLACE (State or fodeign country) Address 15. Was DECEASED EVER IN U. S. ARED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 11. BIRTHFLACE (State or fodeign country) Address 11. BIRTHFLACE (State or fodeign country) No. S. N. D. L. S. N. D. L. S. A. D. L. S. D. C. S. N. D. L. S. A. D. L. S. A. D. L. S. D. C. S.	Y5
[Type or print] Charles. Color or race 7 Married Never Married B Date of Birth Widowed Divorced Divorced State or softing country Months Doys Hours Min. 100. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHHACE (State or softing country) 112. CITIZEN OF WHAT COUNTRY STANDED TO	
5. SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED B DATE OF BIRTH WIDOWED DIVORCED DELATED (In years lost birthday) 100. USUAL OCCUPATION (Give kind of work done) 1100. USUAL OCCUPATION (Give kind of work don	.0
WIDOWED DIVORCED Callo 1940 Interval but house of work done of the work done of the work done of the work done of the kind of work done of the kind of work done of the kind of working fife, even if retired to the kind of working fife, even if retired to the kind of working fife, even if retired to the kind of working fife, even if retired to the kind of the kind o	/_
100 USUAL OCCUPATION (Give kind of work done) 106 KIND OF BUSINESS OR INDUSTRY 11. BIRTHFLACE (State or foleign country) 12 CITIZEN OF WHAT COUNTRY 13. FATHER'S NAME 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 17. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH [Enter only one cause personal for (a). (b). and (c).] PART I. DEATH WAS CAUSED BY. 10. WAS DECEASED BY. 11. WAS CAUSED BY. 12. WAS DECEASED BY. 13. INSERVAL BETWEEN ONSET AND OFATH	HRS
13. FATHER'S NAME 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 16. CAUSE OF DEATH [Enter only one cause perlying for (a). (b). and (c).] PART I. DEATH WAS CAUSED BY. 16. WAS CAUSED OF DEATH [Enter only one cause perlying for (a). (b). and (c).] PART I. DEATH WAS CAUSED BY. 17. INFORMANT 18. CAUSE OF DEATH [Enter only one cause perlying for (a). (b). and (c).]	
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 16. CAUSE OF DEATH [Enter only one cause personal for (a). (b). and (c).] PART I. DEATH WAS CAUSED BY. 16. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 17. INFORMANT 18. CAUSE OF DEATH [Enter only one cause personal for (a). (b). and (c).] PART I. DEATH WAS CAUSED BY. 18. CAUSE OF DEATH [Enter only one cause personal for (a). (b). and (c).]	TRY?
15. WAS DECEASED EVER IN 31. 5 ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 15. WAS DECEASED EVER IN 31. 5 ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH [Enter only one cause polyna for (a). (b). and (c).] PART I. DEATH WAS CAUSED BY. 10. WAS CAUSED BY. 10. WAS CAUSED BY. 11. WAS CAUSED BY. 12. WAS CAUSED BY. 13. WAS CAUSED BY. 14. S. NOW M. J. 15. WAS CAUSED BY. 16. SOCIAL SECURITY NO. 17. INFORMANT 17. INFORMANT 18. CAUSE OF DEATH [Enter only one cause polyna for (a). (b). and (c).] 18. CAUSE OF DEATH WAS CAUSED BY. 19. WAS CAUSED	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (II) yes, give wor or datas of service) (II) yes, give wor or datas of serv	-
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (II) yes, give wor or datas of service) (II) yes, give wor or datas of serv	
(II) 3-12-18-5-7-59 236. (22507 4.5. NOLLY - STAND ON SET AND DESTINATION OF SET AND DESTIN	
18. CAUSE OF DEATH [Enter only one cause pertura for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY. NOTH AND DEATH ONSE! AND DEATH	
PART I. DEATH WAS CAUSED BY. Work wing.	
MANAGORATE CARICE (a)	
Q 10 C IMMEDIATE CAUSE (0)	
TOTA O DUE TO	
Conditions, if any, which) (b)	
gave rise to immediate cause (a), stoling the underlying DUE TO	
couse tost. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTO	5 Y
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19, WAS AUTO	
E 200. EXTERNAL CAUSE WAS 206 DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Fort Lot Part Lyof Item 18.)	
200. EXTERNAL CAUSE WAS BY PRIMARY AS CONTRIBUTING 200 DESCRIBE HOW INJURY OCCURRED (Enter noture of intury in Fort I or Part I yof item 18.) College of Death.	
While / Mot while	1
21. I certify that I took charge of the remains described above, held on Autopsy . Inspection . Inquiry . and in	ny
opinion death resorted from: Notural causes . Accident . Suicide . Homicide . Undetermined manner .	
SIGNATURE SULL BALES M.D. CHIEF MEDICAL EXAMINER D	
ASSISTANT MEDICAL EXAMINER	
NAME (Type) L. L. WHIROLT DEPUTY MEDICAL EXAMINE (S. S/14/5)	7
270. BURIAL CREMATION, 226 DATE THEREOF 220 NAME OF CEMETERY OR CREMATORY 220. LOCATION (City, town, or county) (State)	7
Removil 5-15-59 Irringhill Cometery Intition, d. Va.	7
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 246. REC'D BY REGISTRAR 26 REGISTRAR'S SIGNATURE	7
illiam Cook Inc. 1'17 t. Faul St. DATE MAY 18'59 archur & Krous	7

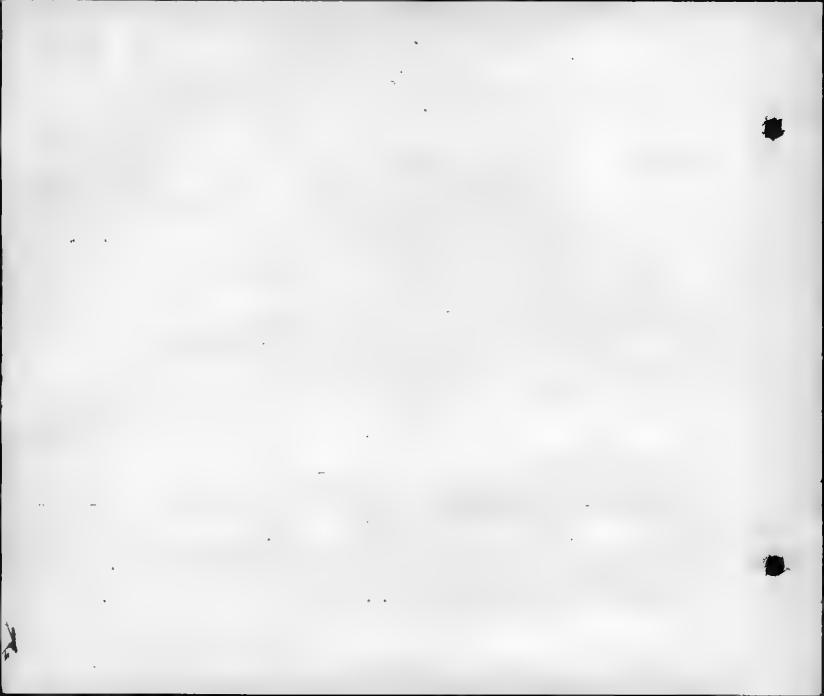


Filed William	1. PLACE OF DEA
2 14	b CITY OR TO RURAL and
C T PE	Crow
	d NAME OF

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
5152 CERTIFICATE OF DEATH

Reg. Dist. No. 05142

1,	PLACE OF DEATH			2. USUAL RESIDENCE	E (Where deceas	ed lived. If instituti	on Residence	a before odm	ission)
	Anne Aru	ndel .	MARYLAND	o. STATE	yland	P COUNTA		more (City
Г	b CITY OR TOWN (IF RURAL and give nee Crownsvi		c. LENGTH OF STAY IN 16			orale limits, write R	URAL and gi	ve nearest to	own)
r		AL (If not in hospitol, give street	address)	d. STREET ADDR	ess more		* <u>z</u>	e. IS R	ESIDENCE
L		lle State Hosp	ital	Ur	nknown				I A FARM? ☐ NO 📆
3.	NAME OF DECEASED	First	Middle	Losi	4. DATE	Mor	nth	Doy	Yeor
	(Type or print)	Tony		Smith	OF DEAT			1.5	19 59
5.	SEX	6. COLOR OR RACE 7. MARI	RIED NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In years	IF UNDER 1	YEAR IF UN	
	Male	Negro widow	ED NE LONGKEED	Unknow		last birthday) 84 yrs		Days Haur	rs Min.
10	during most of works Unknown	N (Give kind of work dane 10b. ing life, even if retired)	KIND OF BUSINESS OR INDU	- Unkno		country)	12 CITI2	U.S.A.	AT COUNTRY
13.	FATHER'S NAME Unknown			14. MOTHER'S MAIL Unkno					
15.	. WAS DECEASED EVER	IN U. S ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT		Add	ress		
1	Inknown	f yes, give war or dates of service)		Hospital	Rogarda				
=		TH [Enter only one cause per li	ne for (o), (b), and (c)]	HOSPI CCIT	TIE COT US			INTERVAL	DETWEEN
		H WAS CAUSED BY		add a Bandd.		m TVI - contro		ONSET AN	D DEATH
	422.1	DUE TO	Arterioscler		Mascala	L Disease			
	Canditians, if an		Decompensate	ia.					
	gave rise to in								
	lying cause last.	ne Under-							
ž		ER SIGNIFICANT CONDITIONS (CONTRIBUTING TO DEATH BU	I NOT PELATED TO THE	TERMINIAL DICEA	SE CONDITION GIV	/ENLINE BART	Ital 10 WA	C A ITCOREV
ATIC							EN IN PAKI	PERI	FORMED?
FIC	20g. ACCIDENT WAS	onic Brain Syn	Grome Associat Crise how injury occurri					TES E	П ои
CERT	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY A	CAUSE OF DEATH	ambe from Front Decorn	es. temer notare or inju	.,	or or or new 19 1			
AL	20c. TIME OF INJURY		NJURY OCCURRED 20e. P	ACE OF INJURY (Home				_	-
MEDICAL CERTIFICATION	Hour a.m.	While at wor	Not white fo	ectory, street, office bldg	; rorm, 1201, (CI	ry or lawnj	(Co	ounty)	(State)
	2) I cartify the	at I attended the deceas	ed from 5/	15 , 19 58 , to		5/15, 1959	M 4 1 4		
	alive an	5/15		accurred at 814	10 Pau	44.2.2., 19.2 <i>4</i> .	,that I la	ist saw th	e deceased
	dive dil	. 1/ //	, and mai dean	i accorred atoms		Im the causes a Street, city or town,			ited abave DATE SIGNED
	ACTUAL 10	Noigh Regard	Ha im	Crownsy		te Hospit			5/18/59
	SIGNATURE	and theave	1041.08	M.D.		100 11001.10			7/ 10/ 77
	PHYSICIAN'S NAME (Type)	ildegard Heard	Reissmann, M.	D. Crowns	ville St	ate Hospi	tal, N	ld.	5/18/59
220	o. BURIAL, CREMATION REMOVAL (Specify)	1, 22b. DATE THEREOF	224-HAME OF CEMETERY	R CREMATORY	22d LOC/	VION (City, lown,	or county)	(51	ote)
6	Emporter	2 3/1/37	4 Vin g Med.	Wed John	130	limo	relu	rd	
23.	FUNERAL DIRECTOR'S	6-12	ADDRESS	/ 240.	REC'D BY REGIS	15-10	STRAR'S SIGN		
		- CH & EN	2 11 ml	Zu DAT	E 19741 4 2	29	Tother of	Kenys	



VS A15 (4) 15M 9/55

CERTIFICATE OF DEATH

Reg. Dist. No.

05143

1. PLACE OF DEATH o. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before addission) o. STATE b. COUNTY
b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
RURAL and give nearest town) Elvaton - 1/3 //prs in . //o RFD	Hellery Me - P. C Box 314-
d NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION	d STREET ADDRESS e. 15 RESIDENCE ON A FARM?
Vumpet Hele IIV.	1. Jumper Hole Kd YES NO 1
3. NAME OF DECRASED (Type or print) Det 71.70 / To	Sohn Lost Month Day Year OF Death Miny 19 1959
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In yours IF UNDER 1 YEAR IF UNDER 24 HKS
Male White WIDOWED DIVORCED	Dec-17 1883 Fyrs. Months Doys Mours Min
100 USUAL OCCUPATION (Give kind of wark done 10b. KIND OF BUSINESS OR INDU- during most of working life, even if retired) Bethe	USTRY 11. BIRTHPIACE (Stote or Toreign country) 12 CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDER NAME
1 (anknown) Schoo	(it or known)
15 WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address
	largaret C. Sohn Same 45 #7.
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cleute Corone	
14 da 1 DUE TO	
Conditions, if ony, which gave rise to immediate	Cardiovasentas desent 2 years
cause (o), stating the under-	. 10 .
tying cause last. (c) (BURARY WIW	ry unifferency Lhunder
PART IT OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BL	TNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS ALTOPSY PERFORMED?
of acrossit was directived to 200 percent was interest or across when the contract of the cont	ED. (Enter noture of injury in Port 1 or Port 1 for item 18.)
OF CONTRIBUTING TO CAUSE OF DEATH	ED. (Enter nature or injury in rott t or rottayor from 16.)
1 m 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	LACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) octory, street, office bldg., etc.)
While Not while of work of work	,
21. I certify that I attended the deceased from Sufficienting	1. 1949, to May 17, 1954, that I last saw the deceased
alive on Tilay 1/2, 1959, and that death	h occurred at Fils AlM, from the causes and on the date stated above.
SIGNATURE / Audall / 11 Mc Faughlin	ADDRESS (Street, city or town, stote) DATE SIGNED NO. RED (1844) Parallella Will May 17 1999
PHYSICIAN'S Randall M. Mchaughlin	- NO / Ale South for the to the secretary processing processing for the first for the
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY C	OR CORMATORY 224 LOCATION (City lower or county)
REMOVAL (Specify) / May 20.1959 6/25+8+2.	OR CREMATORY 22d LOCATION (City, town, or caunty) (Stote)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
11 1- Grand Co 2 (2162 - 1001104/14) 1 11	DATE

O STATE O.

1	1.	PLACE OF DEATH	Anne A	rundel	515	4 MARYLA	II A ST	AL RESIDENCE ATE Mary	(Where deced	sed lived. If instit b. COUN	Reg. Dist	a before or	Imission)
	L		ownsvill	e	23у	gth of stay in r.llm0.2			(II outside cor NSVI 1.1	porote limits, write Balt:	RURAL and g	ive nearest	town)
£ .	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Crownsville State Hospital d. STREET ADDRESS Street address INTERIT ADDRESS STREET ADDRESS S												
	L	DECEASED (Type or print)		DDIE		Middle		NCER	4. DATE OF DEATH	Me Ma	h Y	Doy 5	Year 19 59
	5. 5	Female	Colore	d wibo	OWED .	DIVORCED	Unkr	nown		9. AGE (In years lost by theory) 64 yrs.	Months Do	EAR IF UN	NDER 24 HR Min.
	100	. USUAL OCCUPATI- luring most of working Unkno	ng life, even if rel	work done 1 ired)	06. KIND OF	BUSINESS OR INC	USTRY II. BI	RTHPLACE (SIG		country)		S.A.	AT COUNTS
	13.	FATHER'S NAME Unkno)WIL				14. MOT	HER'S MAIDEN					
	[Kas	WAS DECEASED EV. no, or unknown) Inknown		ED FORCES?	16. SOCIAL S	SECURITY NO. 1	7. INFORMAN HOS	spital	Records	Address			
6		Canditions, if a	TH WAS CAUSED IMMEDIATE CAU	Mv.				sease a		terioscl	erotio	INTERVAL BET ONSET AND	TWEEN DEATH
	z	gave rise to imme (o), stating the cause lost.		(c)	IS CONTRIBUT	ING TO DEATH B	JT NOT RELATI	ED TO THE TER	MINAI DISEAS	E CONDITION GI	VEN IN PART I	(n) 10 WA	S ALITOPS
*	CERTIFICATION	20g. EXTERNAL CAPRIMARY G or CO				NJURY OCCURRED						YES (A	FORMED?
	MEDICAL	20c. TIME OF INJU Hour o. m. p. m.		1	Mhile N	at while	PLACE OF INJ	URY (Home, fo	rm, 20f. (Cit)	y or town)	(Count	γ)	{State
		21. I certify to death resulted				/		d an <u>Autor</u> , Homicio	Andread Stranger	nspection	1 1	, and	find th
2		ACTUAL SIGNATURE EXAMINER'S	Dhau	les d	Tetty		M.D.	HIEF MEDICAL	_	'		5/7/5	E SIGNED
		NAME (Type)	CT.	harles	S. Pe	tty, M.D	DE DE	PUTY MEDICA	L EXAMINER	7			



VS A15 (4) 15M 9/55 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

510 CERTIFICATE OF DEATH

(15145) Reg. Dist. No.

										Mail: ats	11 040.		
a. COUNTY	na Ammadal		MARYL	- 11	o. STATE				unty				
	ne Arundel	ts. write	c. LENGTH OF STAY II	- 1	c. CITY OR I	laryla		rote limits u	write D	Anne			
RURAL and give ne	orest lawn)			` "			-	rais innes, v	VIII W	OKAL OND B	ive near	esi iuw	.,
Annano	118 AL (If not in hospital, g	ina straet	I ddaes		d. STREET A	napol	TR				1.	10 00	CIDENICE
OR INSTITUTION											1°		SIDENCE A FARM?
Anne Arunde					322 N	. Loc	cust A	ve.,				YES [] NO ⊠
3. NAME OF DECEASED (Type or print)	Herman	P)	Middle O a	ST	ALLINGS		4. DATE OF DEATH	M	Mon lay	ih	Bay 4		Year 1959
5. SEX	6. COLOR OR RACE	7. MARR	IED 🔀 NEVER MARRIED	В	DATE OF BIRTI	Н		9. AGE (In	years				ER 24 HRS.
Male	White	WIDOWI	DIVORCED		March 2	28, 18	90	69	yrs.	Months	Days	Hours	Min.
10a. USUAL OCCUPATIO	N (Give kind of work	ione 10b	KIND OF BUSINESS OR	INDUSTR	Y 11 BIRTHPL	ACE (Slote	or foreign c	ountry)		12. CITI	ZEN OF	WHA	COUNTRY
Supervisor-	foreman	Fu					Maryla			TI	SA		
13. FATHER'S NAME					14 MOTHER'S			244_ 1			- F	<u></u>	
Amos S	tallings				Sugi	on Ph	ibbons	24					
15. WAS DECEASED EVER	IN U. S ARMED FOR		SOCIAL SECURITY NO	17. INF		GH TIL	TÓOOIR		Addi	T@13			
	If yes, give wer or dates of s		11 05 0716	Mana	M-b-1	П	C1 - 7 :	14	T 7.5				11 0
no In Callse of Dea	NO.		1705-0716 ne for (o), (b), and (c).]	TETS	Mabel_	nowes	SIRI	mbng s -	W	Ie- s			#
		- 46	10 to (0), (5), and (5).	, ,,,,,,,		17						TANE	DEATH
1 . 5 . 4	TH WAS CAUSED BY: IMMEDIATE CAUSE (o		your region	1900							14	-10 (ad	caps
2 X	DUE TO	, ,	-	17	1	7							127
Conditions, if or		1 (1	alarar	2/1	V _ V	1					Co	THE	enchos
gave rise to in couse (a), stating t											1		
lying cause fost.)											
PART II. OTH	ER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEAT	H BUT NO	OT RELATED TO	THE TERMI	NAL DISEAS	E CONDITIO	N GIV	EN IN PART	1(0) 19		
2													RMED?
O (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRED. (Enter noture of	finjury in P	Port 1 or Por	t 11 of ilem 1	B)				
	f Month, Doy, Yes	or 20d. II	NJURY OCCURRED 2	Oe. PLACI	E OF INJURY (Home, form	20f. (City	or fown)		{C	ounly]		(State)
Hour o.m.	19	White of wor	Not while	Poctor	ry, street, office	bldg., etc.)						
	<i></i>		2/-	2/5	0	. 5/	11/	0					
	of I attended the	decease	ed from _2/_ss_	a of water	9, 19	10/	-4 <u>-</u> 2	.Z, 19	2	.,that I !	ast sav	w the	deceased
alive on	Zf3J	, 12	, and that o	feath o	ccurred at						e dote		
ACTUAL	00	1/		1				lreet, city or	lown,	stole)			ATE SIGNED
SIGNATURE	2 may	n Pak-	my, y	<u>/</u> , М.I	b. 98 C	athed	ral S	t.,			May	7 5,	1959
PHYSICIAN'S NAME (Type)	Edwin Davi	s, Jr			Anna	polis	, Md	•					******
220. BURIAL CREMATION	N. 22b. DATE THEREC	F	22c. NAME OF CEMET	ERY OR C	REMATORY		22d LOCA	TION (City, I	lown, c	or county)		{Sto	le)
BUNIAL Specify)	May 7, 19	959	Cedar Blu	ff Ce	emet rv		Annar	oolis.	Ma	rylan	d		
23 EUMERAL DIRECTOR	SIGNATURE OF	270	ADDRESS				D BY REGIST	RAR 24b.	REGIS	STRAR'S SIG	NATURE		
Horping	Fungral To	DE	Annapolis,	Md.		DATEMA	7 '5	9	an	hun S. 1	trailA		
	7 7 1												



Rea. Dist. No 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) c. CITY OR TOWN (If outside corporate limits, write RURAL and give negles! town) IS RES DENCE Place. ON A FARM? YES NO IN Day 195 IF UNDER TYEAR IF UNDER 24 HRS Months Doys Hours 12. CITIZEN OF WHAT COUNTRY INTERVAL BETWEEN ONSEL AND DEATH ERIOSCIEROTIC CARDIO VA PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN INLEAST 101 19 WAS AUTOPSY PERFORMED? YES THE NO F (Stote) (County) 57,that I last saw the deceased AM, from the causes and an the date stated above DATE SIGNED 22d. LOCATION (City, town, or county) (Stote) mod 246 REGISTRAR'S SIGNATURE '59 arthur & Heare DATE JUN 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



1 41	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
25	5156 CERTIFICATE OF DEATH Reg. Dist. No. ()5147
director will	1. PLACE OF DEATH O. COUNTY ANDE ARUNDEL 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) b. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) b. COUNTY
d be of	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) RURAL AND BEACH 2 MONTHS BALTIMORE 3 V) / L
× ×	d. NAME OF HOSPITAL (If not in hospitol, give street oddress) d. STREET ADDRESS or INSTITUTION on A FARM?
ond in b	3. NAME OF First Middle Lost 4. DATE Month Day Year OF
campletely filled papers. Pages 1 oth.	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH 9. AGE (In yours IF UNDER LYEAR IF UNDER 24 HRS.
camplet papers.	TEMPLE WHITE WIDOWED DIVORCED AV9-14, 1889 69 75. Months Doys Mours Min. 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 SIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY?
corbon pap after death.	HOUSEWIFE HOME LITHUANIA LITHUANIA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
physicion move cor hours aft	UNKNOWN. 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address A. Address
nding ph ease rem hin 72 ho	VEAMETTE S. YINGLING 224 GLEN ROAD PAGEDENA, MD
ottend in pleo it withi	18. CAUSE OF DEATH (Enter only one couse per line for (c), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) CEREBRAL HEMORRHAGE
by the it. The y even	Conditions, if ony, which) ON ARTERIOSCLEROFIC CARDIO VASCULAR DISEASE
signed it perm ad in an	gove rise la immediate couse (a), stating the under-lying couse last.
physicial as been ial-transional, an	Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) PART II. OTHER SIGNIFICANT CONDITIONS PERFORMED? YES NO STORY OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH [IF EITHER, NOTIFY MEDICAL EXAMINER]
ficate has the burial or remov	200. ACCIDENT WAS UNDERLYING DOR CONTRIBUTING DOR CONTRIBUTING DOR CONTRIBUTING DOR CONTRIBUTING DOR CONTRIBUTING DOR CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
his certi	20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED Hour o. m. White Not white of work at work at work at work at work at work at work.
After 1 hospite ted for iof, cre	21. I certify that I attended the deceased fram 3/14 1959. to MAY 22, 1959, that I last saw the deceased
defoct defoct	alive an MAY 22 , 1957, and that death accurred at 9:55 M, from the causes and an the date stated abave. ADDRESS (Street, city or fown, state) DATE SIGNED ACTUAL ACTUAL ACTUAL
prior	SIGNATURE AND SI
NERAL Should	PHYSICIAN'S D. BRADY SMITH PASADENA MARYLAND 270. BURIAL CREMATION, 22b. DATE THEREOF 271. DATE THEREOF 272. NAME OF CEMETERY OF CREMATORY 272. LOCATION (City, town, or county) (State)
Page the The	Burial hay 26, 1959 Host Holy Redeemer Pultimore, Maryland
VS A15 (4) 15M 9/55	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRE
	Bell 30 md.



VS A15 (4) 15M 10/S7

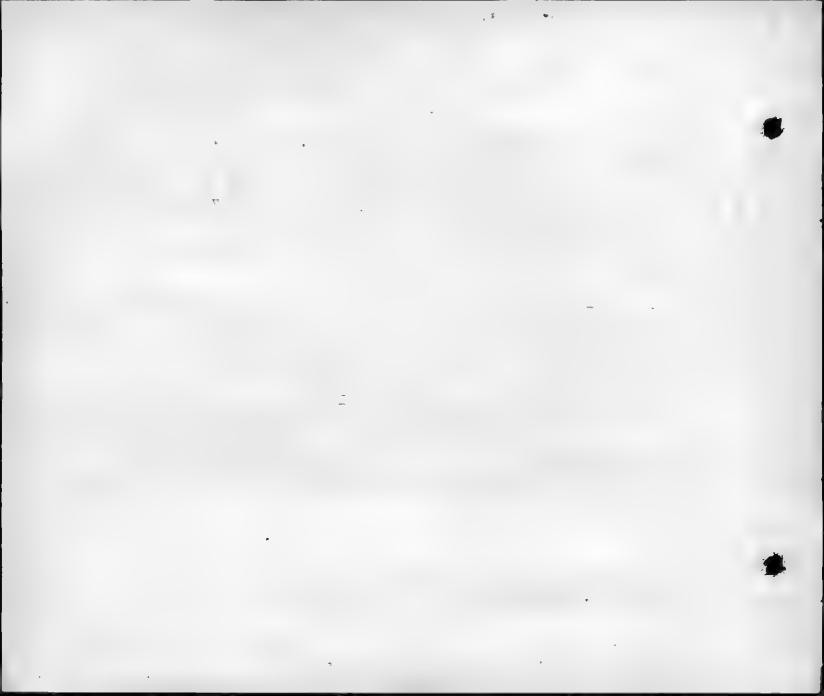
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

5157 CERTIFICATE OF DEATH

05148

Reg. Dist. No.

o COUNTY	Inne Arundel	L	MARYLA	11	o. STATE Mary lan			nstitution. DUNTY	Residence	before a	dmission}	
b CITY OR TOWN (I RURAL and give ne Crownsvil	fautside corporate limits orest tawn) LO		gth of stay in 9 y,8m,1	- 11	e. CITY OR TOY Baltimor		orporate limits,	write RURA	L and give	negresi	fown)	V
OR INSTITUTION	AL (If not in hospital, giv Le State Hos				1833 E.	Biddle	Str.				S RES DENC ON A FARM ES NO	1730
3. NAME OF DECEASED (Type or print)	First Po:	lly	Middle		Taylor	4. DAT OF DEA		Manih May		Doy 23	Year 19 5	
s sex Female		WIDOWED 🚰	DIVORCED		1882		9 AGE (In	years IF I nday) Ma	onths Do		UNDER 24 H	
10a. USUAL OCCUPATION during most of work Housewor	ing life, even it relired]	one 10b. KIND O	F BUSINESS OR	INDUSTI		(Stole or foreig	n country)			N OF W	HAT COU	NTRY"
13. FATHER'S NAME					14 MOTHER'S MA							
Henry Cox					Betty	Scruggs						
1S. WAS DECEASED EVER	R IN U. S. ARMED FORCE	ES? 16. SOCIAL	SECURITY NO.		ormant Bura Tayl	or, Daug	hter, Ba	Address ltimo	re,l	333	Biddl	e S
	TH [Enter only one cour TH WAS CAUSED 8Y: IMMEDIATE CAUSE (a)	cache		* 20						INTERV/ ONSET	AL BETWEEK AND DEAT	Н
170 X Conditions, if or	DUE TO	Gener	ralized	carc	inomatosi	5						
gave rise to in couse (a), stating t lying couse last.	nmediate (Cance	er of ma	minis tr	y ghand					4 у	ears	
PART II OTH	ER SIGNIFICANT COND	ITIONS CONTRIB	UTING TO DEAT	H BUT N	OT RELATED TO TH	E TERMINAL DISE	ASE CONDITIO	N GIVEN	IN PART 16	P	VAS AUTOP ERFORMED	?
	S UNDERLYING DEATH MEDICAL EXAMINER)	Ob. DESCRIBE HO	OW INJURY OCC	URRED.	(Enter nature of inj	ury in Port I or	Port II of item	18.)		-		=
20c. TIME OF INJURY Hour a. m. p. m.	Manth, Doy, Year		ot while	Je, PLAC focto	E OF INJURY (Hom ry, street, office blo	e, form, 20f (i g., etc.)	City or lawn)		(Cou	nty)	(5t)	ote)
21. I certify the olive on 5/9	ot I attended the a	deceased from			, 19 <u>44</u> _2 ^j		om the cau (Street, city or	ses and	on the		the doce stated ab DATE SIG	ove.
	D _r .Ludwig E	denedict		M.I		sville S	State H	ospit	al			
220. BURIAL, CREMATION REMOVAL (Specify)	N. 226. DATE THEREOF	-c/ 22c. N	AME OF CEMETE	RY OR (REMATORY TO) 22d. 10	CATION (City	lown, or co	ounty)	(.	(Stote)	
28 AUNERAL DIRECTOR	. Elch		9h.Can	بر		REC'D BY REC	SISTRAR 24b	REGISTRA				



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



VS A15 (4) 15M 9/SS M

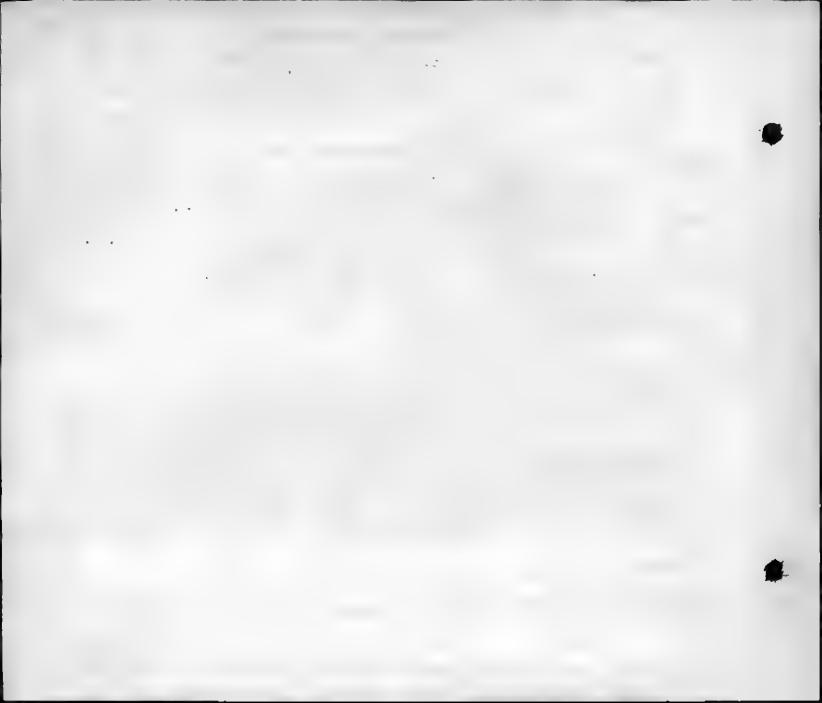
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5102 CERTIFICATE OF DEATH

05150

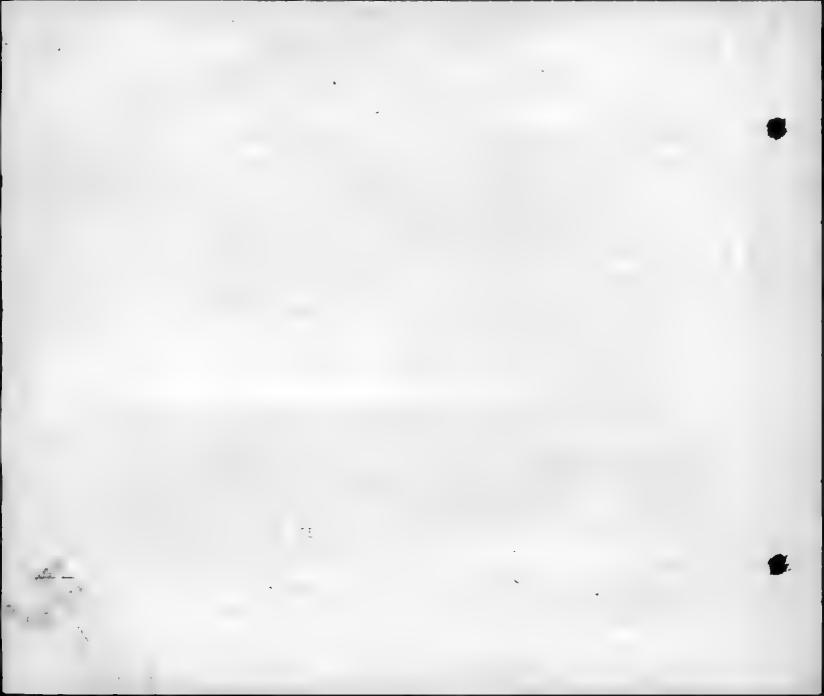
Par Dist No.

								Reg. Dist.	140.	
COUNTY	Anne Arund	el	MARYLAND	- 11	USUAL RESIDENCE (Who o. STATE Md.	ere decease	d lived. If institution b COUNTY			_
RURAL and give n	egrest town)	ts, write	c. LENGTH OF STAY IN 16		c. CITY OR TOWN (IF of Churcton	ulside corpo	prote limits, write R	JRAL and give	negresi	lown)
OR INSTITUTION ATTITLE	TAL (If not in hospitol, g Arundel Gen	eral	Hospital		1. STREET ADDRESS					RESIDENCE ON A FARM? S NO S
AME OF ECEASED ype or print)			Middle T .	The	ompson	4. DATE OF DEATH	Doy	Yeor 19 59		
X						io.	9. AGE (in years			JNDER 24 HRS
USUAL OCCUPATION	ON (Give kind of work a	lone 10b.						12. CITIZE	N OF W	HAT COUNTRY?
during most of wor	king life, even if refired				Marylar	nd		υ.	S.	
ATHER'S NAME George	W. Thompso	n		1	MOTHER'S MAIDEN N	AME	Weth	int	N	
	R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO. 17	INFO	engelist	rom	psort C	hur	chil	to1)/k
	TH WAS CAUSED BY:	- VULP	ery A. That		How	MX	1)			L BETWEEN
gove rise to i cause (a), stating lying cause last.	m mediate the under: (b))	ONTRIBUTING TO DEATH B	ON TU	T RELATED TO THE TERMIN	NAL DISEAS	E CONDITION GIV	EN IN PART 1	P(() (AS AUTOPSY ERFORMED?
OR CONTRIBUTING	CAUSE OF DEATH I	20b. DESC	ERIBE HOW INJURY OCCUR	RED. (E	inter nature of injury in P	ort Lor Par	t () of item 18)			
Poc. TIME OF INJUI Haur a. m. p. m.	RY Month, Doy, Yea	While	Not while	PLA CE foctory	OF INJURY (Home, form, street, office bldg., etc.)	20f (Cil)	y or town)	(Cou	nty}	(Stole)
21. I certify the olive on	nat I attended the	decease _, 19,2	C1	. 1				nd an the		
PHYSICIAN'S NAME (Type)	*				,			/		/) /
REMOVAL (Specify)	5-27-	59	Stillath	OR CE	50	Sha	dysia	Le 11	118	(State)
MIRECTOR	CHILCENIA	all.	Hallina.)r/	0/		_ /			
	COUNTY CITY OR TOWN I RURAL ON GIVE IN ATTIAD POR TOWN I RURAL ON ATTIAD POR TOWN INSTITUTION ATTIAD POR TOWN IN ATTIAD PORT TOWN IN ATTIAD POR TOWN IN ATTIAD POR TOWN IN ATTIAD PORT TOWN IN ATTIAD POR TOWN IN ATTIAD PORT TOWN IN ATTIAD PORT TOWN IN ATTIAD PORT TOWN	COUNTY Anne Arund CITY OR TOWN (If outside corporate limit RURAL and give negret fown) Annapolis NAME OF HOSPITAL (If not in hospitol, gon Institution Arundel Gen AME OF CEASED (Some of Persons) AME OF COLOR OR RACE AME OF CEASED (Some of Persons) ALVI X	COUNTY Anne Arundel CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) ATINAPOLIS NAME OF HOSPITAL (If not in hospitol, give street or institution Arundel General AME OF First ALVIN AME OF HOSPITAL (If not in hospitol, give street or institution Arundel General AME OF First ALVIN AME OF First ALVIN AME OF ARCE Negro WIDOWS ALVIN XX 6. COLOR OR RACE 7. MARR Male Negro WIDOWS USUAL OCCUPATION (Give kind of work done 10b during most of working life, even if retired) ATHER'S NAME George W. Thompson VAS DECEASEDEVER IN U. S. ARMED FORCES? 16 B. CAUSE OF DEATH (Enter only one coure per lime Part 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (D) OUE TO Conditions, if any, which gove rise to immediate cause (a), storing the under: DUE TO Conditions, if ony, which lying couse lost. FART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS C	COUNTY Anne Arundel CITY OR TOWN (If outside carporole limits, write RURAL and give negret; fown) Annapolis NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION Arundel General Hospital AME OF First AME OF First AME OF First AME OF First Middle ECEASED X ANDER OF POPPORT (Give kind of work done of the working life, even if retired) ATHER'S NAME George W. Thompson VAS DECEASEDEVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 no or unknown) Iff yes, give wor or dotes of service) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate cause (o), storing the under thing couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BY ING COURS (O) To While of work of work of work of work of the cause of DEATH (ETHER NOTIFY MEDICAL EXAMINER) OR CONTRIBUTING CAUSE OF DEATH FETTHER, NOTIFY MEDICAL EXAMINER) OR. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURED 20e. CO. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURED 20e. CO. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURED 20e. CO. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURED 20e. CO. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURED 20e. CO. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURED 20e. CO. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURED 20e. CO. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURED 20e. CO. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURED 20e. CO. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURED 20e. CO. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURED 20e. CO. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURED 20e. CO. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURED 20e. CO. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURED 20e. CO. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURED 20e. CO. TIME OF INJURY Month 20e. CO. TIME	COUNTY Anne Arundel CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis NAME OF HOSPITAL (If not in hospitol, give street address) OR INSTITUTION Anne Arundel General Hospital AME OF ECEASED AND Arundel General Hospital AME OF ECEASED AND Arundel General Hospital AME OF ECEASED AND Arundel General Hospital AME OF ECEASED WIDOWED DIVORCED ME Male Negro Widowed DIVORCED ME USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY during most of working life, even if refired) ATHER'S NAME George W. Thompson WAS DECEASEDEVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFO or windown) (If you give wer or dote of service) B. CAUSE OF DEATH (Enter only one course per line for (o), 1b), bad (y). PART 1. DEATH WAS CAUSE (b), work of the work of service) B. CAUSE OF DEATH (Enter only one course per line for (o), 1b), bad (y). PART 1. DEATH WAS CAUSE (b), work of the work of service) B. CAUSE OF DEATH (Enter only one course per line for (o), 1b), bad (y). PART 1. DEATH WAS CAUSE (b), work of the work of service of service) B. CAUSE OF DEATH (Enter only one course per line for (o), 1b), bad (y). PART 1. DEATH WAS CAUSE (b), work of the work of service of	COUNTY Anne Arundel CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (IF or RURAL and give every level) Annapolis NAME OF HOSPITAL (IF not in hospitol, give street oddress) NAME OF HOSPITAL (IF not in hospitol, give street oddress) Anna Annapolis Anna Cor Right (If not in hospitol, give street oddress) Anna Cor Righ	COUNTY Ame Arundel MARYLAND 0. STATE Md. CITY OR TOWN III outside corporate limits, write RURAL and give negrety town. RURAL And give negrety	Anne Arundel Maryland o. STATE MG. B COUNTY CITY OF TOWN [If outside corporate limits, write RI CITY OF TOWN [If outside corporate limits, write RI RIPARL and give nearest from: NAME OF ROSTRIAL (If not in hospitol. give street oddress) OR INSTITUTION Arundel General Hospital AME OF ROSTRIAL (If not in hospitol. give street oddress) OR INSTITUTION Arundel General Hospital AME OF ROSTRIAL (If not in hospitol. give street oddress) OR INSTITUTION Arundel General Hospital AME OF ROSTRIAL (If not in hospitol. give street oddress) OR INSTITUTION Arundel General Hospital AME OF ROSTRIAL (If not in hospitol. give street oddress) OR INSTITUTION Arundel General Hospital AME OF ROSTRIAL (If not in hospitol. give street oddress) OR INSTITUTION Arundel General Hospital AME OF ROSTRIAL (If not in hospitol. give street oddress) Male OR DATE Monitor OR DATE Monitor Mark Date OF BIRTH Negro What Occupantion General Hospital AME OF ROSTRIAL (If not in hospitol. give street oddress) Mark Date Of Birth Mark Date Of Birth Mark Date Of Birth Maryland It Monitors (If not give street oddress) OR ACCIDENT WAS CONCEST (If of SOCIAL SECURITY NO. If INFORMANT OR OF WINDOWS (If outside of word of strong) OR ACCIDENT WAS CAUSED BY. IMMEDIATE CAUSE OF DEATH OR ON ACCIDENT WAS CAUSED BY. IN CHIEF SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THETERMINAL DISEASE CONDITION GIVE TOWN (If you work) OR ACCIDENT WAS UNDERLYING [] OR ACCIDENT WAS UN	COUNTY Anne Arundel MARYLAND CITY OF TOWN (II outlide corporate limits, write RURAL and give Anne Park (II outlide corporate limits, write RURAL and give Anne Park (II outlide corporate limits, write RURAL and give Anne Park (II outlide corporate limits, write RURAL and give Anne Park (II outlide corporate limits, write RURAL and give Anne Park (II outlide Corporate limits, write RURAL and give Anne Park (II outlide Corporate limits, write RURAL and give Anne Park (II outlide Corporate limits, write RURAL and give Anne Park (II outlide Corporate limits, write RURAL and give Anne Park (II outlide Corporate limits, write RURAL and give Anne Park (II outlide Corporate limits, write RURAL and give Anne Park (II outlide Corporate limits, write RURAL and give Anne Park (II outlide Corporate limits, write RURAL and give Anne Park (II outlide Corporate limits, write RURAL and give Anne Park (II outlide Corporate limits, write RURAL and give Anne Park (II outlide Corporate limits, write RURAL and give Anne Park (II outlide Corporate limits, write RURAL and give Anne Park (II outlide Corporate limits, write RURAL and give Anne Park (II outlide Corporate limits, write RURAL and give Anne Park (II outlide Corporate limits, write RURAL and give RURAL And RU	AME OF HOSPITAL (If not in hospitol, give street oddress) NAME OF HOSPITAL (If not in hospitol, give street oddress) NAME OF HOSPITAL (If not in hospitol, give street oddress) NAME OF HOSPITAL (If not in hospitol, give street oddress) NAME OF HOSPITAL (If not in hospitol, give street oddress) NAME OF HOSPITAL (If not in hospitol, give street oddress) NAME OF HOSPITAL (If not in hospitol, give street oddress) NAME OF HOSPITAL (If not in hospitol, give street oddress) NAME OF HOSPITAL (If not in hospitol, give street oddress) NAME OF GOOD AND A COLOR OR RACE First Malle See COLOR OR RACE NAME OF GOOD AND A COLOR OR RACE NAME OF GOOD A COLOR OR RACE NAME OF GOOD AND A COLOR OR RACE NAME OF GOOD A COLOR OR RACE NAME OF GOOD AND A COLOR OR RACE NAME OF GOOD A COLOR OR RACE NAME OF GOOD AND A COLOR OR RACE NAME OF GOOD A COLOR OR RACE NAME OF GOOD AND A COLOR OR RACE NAME OF GOOD A COLOR OR RACE NAME OF GOOD AND A COLOR OR RACE NAME OF GOOD A COLOR OR RACE NAME OF GOOD AND A COLOR OR RACE NAME OF GOOD A COLOR OR RACE NAME OF GOOD AND A COLOR OR RACE NAME O



5159 CERTIFICATE OF DEATH director, 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission Anne Arundel COUNTY STATE filed b. COUNTY Dorchester MARYLAND CITY OR TOWN (If outside corporate limits, write c. LENGTH DE STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) IO days P Crownsville d. NAME OF HOSP TAL (If not in hospital, give street address)
Crownsville State Hospital 402 Hobert e IS RESIDENCE Street ON A FARM? 25 YES THOU 3. NAME OF Middle 4. DATE Banka Travers DECEASED Samuel 5 (Type or print) DEATH 19 5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER I YEAR IF UNDER 24 HRS AGE (In years [gst_birthdoy] Male Negro Months Doys Hours plet WIDOWED 🗗 DIVORCED [10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) USA Retired laborer unknown unknown puo 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME unknown unknown emove hours 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address III was gave war or dates of service) unknown unknewn Nellie Felton. Daughter 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Hypostatic Bronchopneumonia IMMEDIATE CAUSE (0) week DUE TO Arteriosclerotic Cardiovascular Disiese Conditions, if ony, which gove rise to immediate **DUE TO** couse (o), stoting the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERSORMEDRA 700. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Day, Year 20d, INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) Hour p. m. factory, street, office bldg., etc.) Not while at work of work 21. I certify that I attended the deceased fromthat I last saw the deceased and that death accurred at _____M, from the causes and an the date stated above ach ä ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATUR ď RAL DI Crownsville State Hospital Dr.Ludwig Benedict FUNERAL I PHYSICIAN'S NAME (Type) 220 BLRIAL CREMAT ON, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (State) REMOVAL (Specify) 2 23. FUNERAL DIRECTOR'S SIGNATURE 240 RECED BY SEGISTED VS A15 (4) DATE 1SM 10/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



Children & Traget

VS. A15ME(5)

5M 9/55

MEDICAL



VS. A15ME(5)

5M 9/55

6

0

4

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

05153

							Reg.	Dist. No		2, - 0
1. PLACE OF DEATH			5100	2. USUAL RESIDENCE	(Where deced	ned lived. If im	titution: Resi	dence be	ore adm	ission)
a. COUNTY Ann	e Arundel		5160 MARYLAND	o. STATE Marv	land	b. CQU	NTY Am	ne Ai	runde	al
b. CITY OR TOWN (I	f outside corporate limits, wr	e RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside cor	rporate limits, w				
Lau	_	ral		Laur	el	Rural				
d. NAME OF HOSPIT			pital, give street address)	A. STREET ADDRESS						ESIDENCE
	183 Whiske	y Bot	tom Road	Box	183 Whi	iskey Bo	ttom]	Road		A FARM?
3. NAME OF DECEASED	Fi	nt	Middle	Lost	4. DATE	M	onth .	Doy	۲	l'eor
(Type or print)		CKEY	DONNELL	VINCENT	DEATH	- N	lay	18	1	19 59
5. SEX	6. COLOR OR RACE	7- MARRIE	D NEVER MARRIED 8.	DATE OF BIRTH		9. AGE (In years last birthday)		RIYEAR		ER 24 HRS.
Male	Colored	WIDOWED	DIVORCED [2-16-1954		- Marie 11	Months	Days	Hours	Min.
10a. USUAL OCCUPATION during most of working	ON (Give kind of work	done 10b. K	IND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Sto	ote or foreign	country)	12. CI	TIZEN O	TARW 3	COUNTRY?
None	ng life, even if retired)		None	Cheverl	y, Md					
13. FATHER'S NAME				14. MOTHER'S MAIDEN	NAME					
Willia	am Vincent			Yvonne	Parker					
15. WAS DECEASED EV	ER IN U. S. ARMED FO		SOCIAL SECURITY NO. 17. IN	FORMANT		Addı	411		~	
No	()		None Wi	lliam Vince	ent . Ta:	mel 16				
18. CAUSE OF DEA	TH [Enter only one co	use per line !						INTE	EVAL BETW	EEN
PART I. DEA	TH WAS CAUSED BY:	3rd	degree burns,	100% body				OMZ	H AND DE	AIM
116.0	DUE TO			200/0 0003						
Conditions, if a		Cami	bon monoxide							
gove rise to imme	diote couse							-	_	
(a), stating the couse last.	Underlying (c									
Z PART II. OTI			INTRIBUTING TO DEATH BUT N	OT RELATED TO THE TER	MINALDISEAS	SE CONDITION	GIVEN IN PA	RT 1(o) 1	9. WAS	AUTOPSY
PART II. OTI									PERFO YES	NO T
200. EXTERNAL CA	USE WAS 2	Ob. DESCRIBE	HOW INJURY OCCURRED. (En	iter noture of injury in P	ort I or Port II	of item 18.1			[]	THE LAB
PRIMARY D or CO	MIKIROTING TI		Burned in fire							
3 20c. TIME OF INJU	RY Month, Day, Ye		NJURY OCCURRED 200. PLAC	E OF INJURY (Home, fo	rm. 20f. (Cit	y or lown)	1C	ounly)		(Stote)
20c. TIME OF INJU	May 1819	59 While	Not while ' focto	ry, street, office bldg., e Prailer	rtc.)		ural			Md.
		A.E.	emoins described above					A. P		
·								ייץ נון	, ona	find that
dealn resulted	1 Home Holdidi	cooses [J. Accident [24, 3010	ide 🔲, Homicia	ae ∐, ∪	ndetermined	couse [٦.		
ACTUAL /	11111:1	200		CHIEF MEDICAL	ENALUNES -	,			DATE !	SIGNED
SIGNATURE	VILLE TELL			"W'D'	-	•			5/19	1/10
EXAMINER'S NAME (Type)	William V.	Lovit	t, Jr., M.D.	ASSISTANT MED DEPUTY MEDICA					2/ T	1/27
220. BURIAL CREMATIC	IN 1226. DATE THERE		22c. NAME OF CEMETERY OR	REMATORY	22d. LOCA	TION (City, low	n, or county)		[Stot	e)
REMOVAL (Specify)	5-21-5	9	Bacon Cha	nel		Laurel.	. Wd			
23. FUNERAL DIRECTOR			ADDRESS	24g, RE	C'D BY REGIS	TRAR 24b. RE	GISTRAR'S S			
R.Selby.12	00 Snowden	Place	.Laurel.Md	DATE	MAY 25	59	ير زمسليرين	3. Tha	LLA.	



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

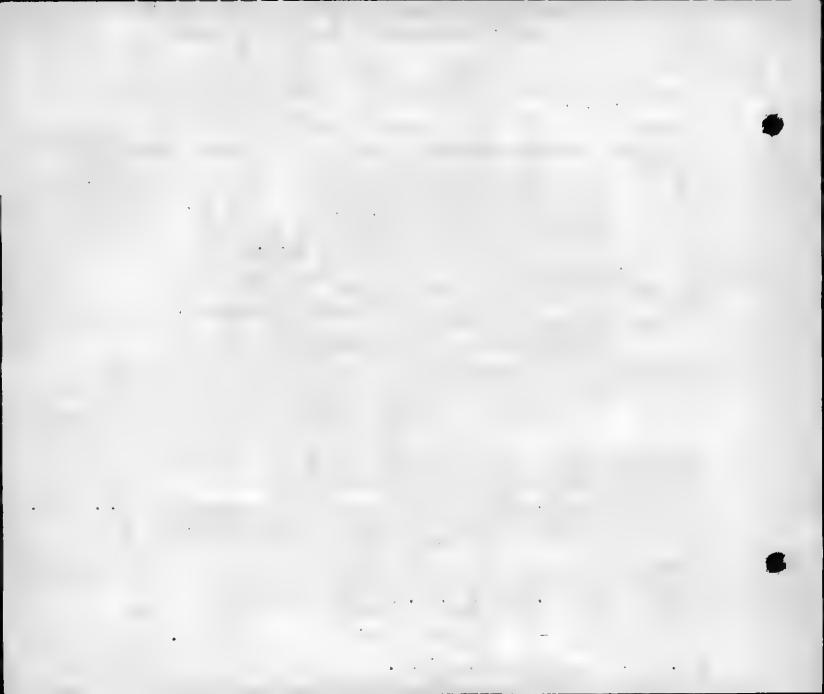
Ī

EXAMINER: This

MEDICAL

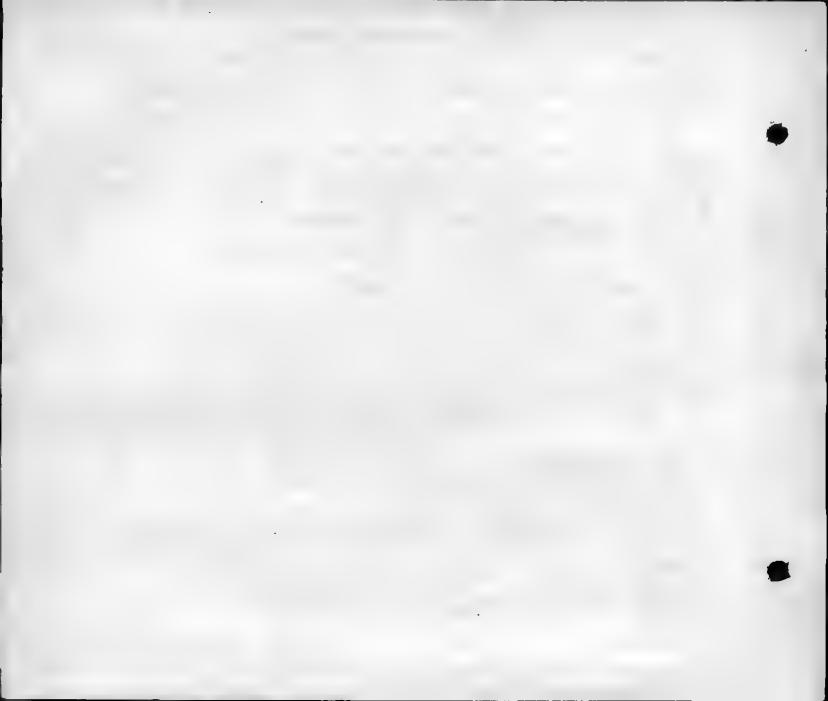
DEPUTY

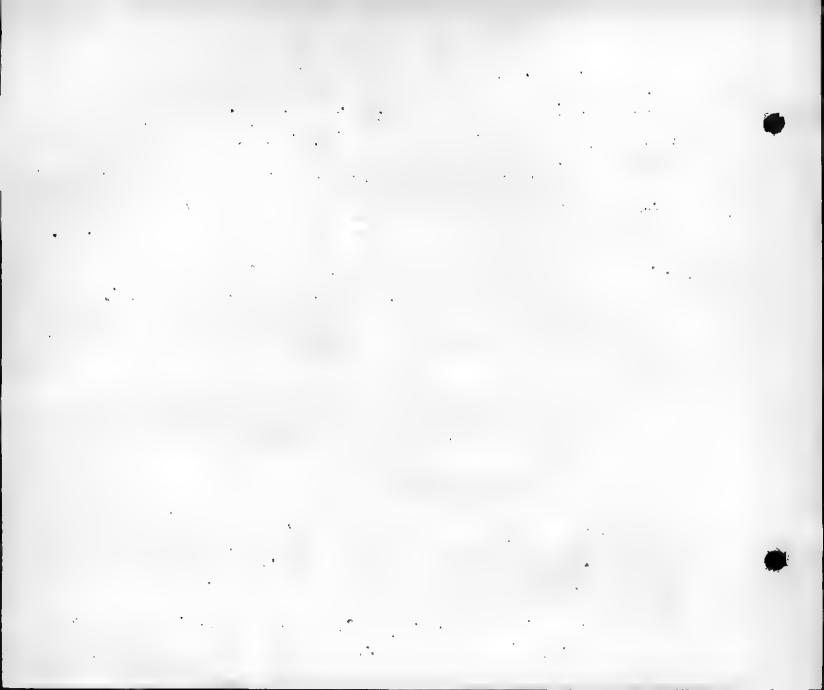
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



		5163 CERTIFICATE OF DEATH Reg. Dist. N4) 5156						
death: Page A	1. !	PLACE OF DEATH D. COUNTY MARYLAND CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town) C. LENGTH OF STAY IN 1b	o STATE Ma	b. COUNTY Medical Hinstitution Residence before admission) b. COUNTY Medical Hingit; write RURAL and give nearest lown)				
X Suffer		d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES \(\) NO \(\)				
filled in		NAME OF First Middle DECEASED [Type or print] Josephine Leitch	Lost 4. DATE OF DEATH	Month Day Year May 1959				
I Set wiff	5. 5	F WIDOWED DIVORCED	May 8, 18931	AGE (In years lost birthday) Months Days Hours Min.				
execution on poper death.		USUAL OCCUPATION (Give kind of work done during most of Morking life, event retired) Admission	Marista	intry) 12. CITIZEN OF WHAT COUNTRY?				
icale be sician a vve carb urs ofter		FATHER'S NAME FLITCH	14. MOTHER'S MATOEN NAME	Hard				
th certification of the certif		(fl yes, give wor or dates of sample)	Ewill Hard	Huntingtown Il				
the dea the attent then plec		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	. Ocolusen	INTERVAL BETWEEN ONSET AND DEATH				
requires that on: signed by to sit permit. I and in any ev		Conditions, if ony, which gave rise to immediate couse (a), stating the under lying cause lost. (b) // // // // // // // // // // // // //	? Collect	Textroroge sandway				
The law g physici has been urial-tran imaval, a	FICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU		CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO				
Hendin Historie of the br	AL CERTIFI	OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter noture of injury in Part t or Port					
PHYSIA fal ar a this cer ir use a remation	MEDICAL		LACE OF INJURY (Home, form, 20f. (City operary, street, office bldg., etc.)	or town) (County) (State)				
on ATTENDING		21. I certify that I attended the deceased from 500 pt. alive on 1957, and that deat actual signature	h occurred at <u>7:79 M</u> , from	the couses and an the date stated abave. set, city or town, stale) The derick Frederick Frederick				
OSPITAL OF PERSONAL OF STANDER OF STANDER OF PERSONAL		PHYSICIAN'S Page C. Jett	Mary	land				
may by O FUNE Page 3 the reg	L	BURIAL CREMATION, 226 DATE THEREOF 22c NAME OF CEMETERY SEMOVAL (Specify) 5-3-59 Friends	chips Fr	ON (City, town, or county) (Stole) Held				
VS A15 (4) 15M 9/55	23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS Hutchin Funeral Home Own	MA DATEMAY 5 159					

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18





119	MARYLAND STATE DEPARTM	NENT OF HEALTH—BALTIMORE, 18 (15158							
1	5165 CERTIFICATE OF DEATH Reg. Dist. No.								
D	1. PLACE OF DEATH O. COUNTY A COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived, all institution; Residence before admission) o. STATE: O. STATE: O. COUNTY O							
·	b CITY OR TOWN (if outside corporate timits, write & LENGTH OF STAY IN 16 RURAL and give nearest flown)	c. CTV OR TOWN (I) outside corporate limits write RURAL and give-nearest town)							
,	of NAME OF HOSPITAL (If not in hospital, give street address) or INSTITUTION 1971 2 Bet 128 Edgewater Mile	Rt2-Bot 128 Edgewatar YES NO SA							
	3 NAME OF DECEASED (Type or print) Middle	WELLS 4. DATE Month Doy Yeor DEATH 5 23 1959							
	5. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED SECULOR DIVORCED	8. DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS If UNDER 24 HR							
a gentlement	10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDL during most of working life; even if refired)	Mariland U.S.A.							
affe of the state	Thomas Pundell	14. MOTHER'S MAJOEN NAME) Mary Green							
72 ha	TS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 (If yes, give war or dores of service)	alter Mulls Rt 2-130+128 Elaiwate Will							
event within 72	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	atag Cucinomatra Sinterval Between ONSET AND DEATH							
ony	Conditions, if any, which								
ui puo	couse (a), stating the <u>under-</u> lying couse last. DUE TO (c)								
ar remaval, and	CATE	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO							
	OR CONTRIBUTING CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enler nature of injury in Port 1 or Port II of item 18)							
cremation,	Z 20c, TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED For the Not white p. m. 19 of work of wark to the new p. m.	ACE OF INJURY (Home, form, 20f. (City or town) (County) (State) ctory, street, office bldg., etc.)							
burial, cr	21. I certify that I attended the deceased from March	1921 to Dass 33 , 1929, that I last saw the deceased a occurred of JA JA, from the causes and an the date stated above.							
or to bu	ACTUAL SIGNATURE DE LIGITATION	ADDRESS (Street, city or good, stote) ADDRESS (Street, city or good, stote) DATE SIGNED ADDRESS (Street, city or good, stote)							

22c NAME OF CEMETERY OR CREMATORY

ADDRESS

22d LOCATION (City, Jown, or county)

24a. REC'D BY REGISTRAR

DATE

24b REGISTRAR'S SIGNATURE

VS A15 (4) 15M 10/57

PHYSICIAN'S NAME (Type) 220 BURIAL CREMATION, REMOVAL (Specify)

23, FUNERAL DIRECTOR'S SIGNATURE

22b. DATE THEREOF



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 116383 **CERTIFICATE OF DEATH** Reg. Dist. No. with director 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) o. COUNTY filed b. COUNTY MARYLAND funeral uld be fi b. CITY OR TOWN (If outside corporale limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest (pwn) ould d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES ANO Ξ. NAME OF First Middle 4. DATE Lost Month Doy Year filled in it DECEASED OF DEATH Poges (Type or print) 19 6. COLOR OR RACE B. DATE OF BIRTH AGE (In years lost birthdoy) IF UNDER I YEAR IF UNDER 24 HRS. NEVER MARRIED Months Days Hours Min. WIDOWED DIVORCED 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) puo uselm 13. FATHER'S NAME MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMAN Address Building 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO ۾ Ony Conditions, if ony, which signed gove rise to immediate Per DUE TO couse (a), stating the underand lying couse lost. burial-transit (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(p) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) certificate 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Month. Doy, Year 20d. INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) Hour o. m. While Not while of work of work 21. I certify that I attended the deceased from that I last saw the deceased alive on end that death occurred at ___M, from the causes and an the date stated above. ö ADDRESS (Street, city or town, state) det 2 ACTUAL SIGNATURE shoul PHYSICIAN'S registror NAME (Type) FUNER C 220. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) bode (State) REMOVAL (Specify ž wood frey 1050

240. RECID BY REGISTRAR

DATE

24b. REGISTRAR'S SIGNATURE

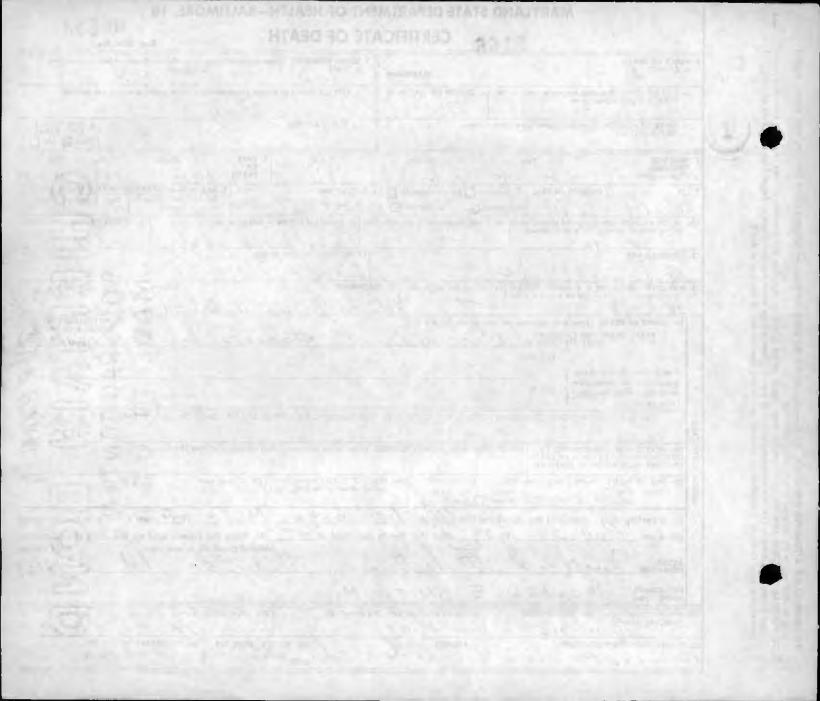
VS A15 (4)

FUNERAL DIRECTOR'S SIGNATUR

within 24 hours after death. Page

executed

Phot



FOR STATE

HEALTH DEPT

of director. Page four files. TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is execute the cacificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funcral 4 should be particled to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. The pages 1 and 2 with the State E ar its designated agent, prior to burial, cremation, ar removal, and in any event within 72 hours after death.

WS. A15ME 5M 2/57

0

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

05159 Rea Dist No

o. COUNTY Anne Art	undel	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) Maryland B. COUNTY								
b. CITY OR TOWN (III and give negres) fown Pasadena	autside corporate limits, write	RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) XSunset Beach.P.O.Pasadena						
	AL OR INSTITUTION (II	d. STREET ADDRESS				01	e. IS RESIDENCE ON A FARM? YES NO			
3. NAME OF DECEASED (Type or print) Ken	fin					Day Year 19 59				
5. SEX	6. COLOR OR RACE	7. MARRIE		11/1/10	9.	AGE (In yours lost bisthology) B // fyrs.	1	YEAR IF UN	-	
during most of working Truck Drive	g life, even it retired)	lone 10b. Ki	IND OF BUSINESS OR INDUSTR	High Poin		17)	US.	EN OF WHA	T COUNTRY	
13. FATHER'S NAME O.R. York				14. MOTHER'S MAIDEN	NAME					
15. WAS DECEASED EV [Yes, no, or unknown]	ER IN U. S. ARMED FOR	service)		FORMANT Frs. Virgini	a York,	Address wife)	1			
Conditions, if o gove rise to immed (b), stoling the couse lost. PART II, OTHER	diote couse DUE TO (c).		Accidental Drov		MINAL DISEASE CO	ONDITION GI	VEN IN PART	I(o) 19. WAS PERF	AUTOPSY ORMED?	
PART II. OTH	USE WAS NTRIBUTING (HOW INJURY OCCURRED. (E. witness. Decease				ney Cr			
20c. TIME OF INJUING 10.15P MG		While	NJURY OCCURRED 20e. PLACE Not while Store of work Store	E OF INJURY (Home, for ry, street, office bldg., el- pey Creek	c.)	adena	(Coun		Md.	
ACTUAL SIGNATURE		Natural co	emains described above auses . Accident		Homicide C		Inquiry ermined m	onner 🗌	nd in my	
220. BURIAL, CREMATIC REMOVAL (Specify)	N. 1226. DATE THEREO	F	22c. NAME OF CEMETERY OR I	REMATORY	22d. LOCATION	N (City, town,		mal Sic	ole)	
no remitors minerano	S SIGNATURE	Yours.	ADDRESS 130E Fortan	In	D BY REGISTRAN		STRAR'S SIGN			

